



**WOMEN'S VOICES  
FOR THE EARTH**  
OUR HEALTH. OUR FUTURE. TOXIC FREE.

## Community Partnerships Program PARTNERSHIP APPLICATION AND AGREEMENT.

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Company URL \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

My dues are: \_\_\_\_\_ \$200 (Paid before September 1, 2013)      Annual Dues: \_\_\_\_\_ I prefer to renew one year from today.  
(check one) \_\_\_\_\_ \$250 (Paid September 1, 2013 or after)      (check one) \_\_\_\_\_ I will renew Jan. 1 in subsequent years.

Payment Method: \_\_\_\_\_ Check # \_\_\_\_\_ is enclosed.  
\_\_\_\_\_ Credit Card: Visa/Mastercard # \_\_\_\_\_ exp. \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ Please invoice me. I will submit and process payment promptly.

*I acknowledge that my status as a Community Partner of WVE does not entitle me to use the WVE logo on my website, in communications, or elsewhere unless previously authorized by WVE. Instead, my company will show my affiliation as a partner by using the Community Partner logo appropriate to the current year. I agree to allow WVE to review all relevant communications prior to their publication or dissemination. I will pay my dues annually, with 1 month of grace period, or I understand that my logo and any acknowledgement of partnership will be removed from WVE's materials. If I lapse past this grace period, I agree to remove any language and/or logos insinuating a partnership with WVE until I have renewed my dues. I understand that this partnership is not an endorsement of my company or my company's products. I understand that if any changes occur with my company, its operations, or its reputation that has the potential to negatively affect WVE, WVE reserves the right to sever the partnership.*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please email or mail completed form and payment to:  
Sara Close, Development Director      P.O. Box 8743  
sara@womensvoices.org      Missoula, MT 59807