



**NAWBO**<sup>®</sup>  
Springfield (IL)

**NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS  
SPRINGFIELD, ILLINOIS CHAPTER**

**CORPORATE PARTNER APPLICATION**

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Contact Name/Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LEVELS**

**ANNUAL FEE**

*** Platinum Corporate Partner	\$2,000.00
*** Gold Corporate Partner	\$1,000.00
*** Bronze Corporate Partner	\$ 500.00

Please enclose your check made payable to: NAWBO  
P.O. Box 9515  
Springfield, IL 62791

If you have any questions, please call: Connie Matrisch  
217-744-4006

**THANK YOU FOR YOUR SUPPORT!**