Date: Enter Date

**Sponsorship Information:**

1. **Corporate Sponsorship Contact** **Information:**

|  |  |  |
| --- | --- | --- |
| 1. | Company Name: | {Company Name} |
| 2. | Designated Sponsorship Contact Name: | {Insert Name} |
| 3. | Sponsorship Level: (Drop Down List) | Choose an option. |
| 4. | Mobile Telephone: | {Insert Number} |
| 5. | Email Address: | **{Insert E-mail}** |
| 6. | Address: | {Insert Address Line 1} |
| 7. | City, State, Zip Code | {Insert Address Line 2} |

1. **Member Contact** **Information:**

|  |  |  |
| --- | --- | --- |
| 1. | Member Name: | {Member Name} |
| 2. | Member Title: (Optional) | {Member Title} |
| 3. | Office Telephone: | {Insert Number} |
| 4. | Mobile Telephone: | {Insert Number} |
| 5. | Email Address: | **{Insert E-mail}** |
| 6. | Use Firm Address: (Drop Down List) | Choose an option. |
|  | | |
| 7. | Address: | {Insert Address Line 1} |
| 8. | City, State, Zip Code | {Insert Address Line 2} |
| 9. | Member Status: | Choose an option. |
| 10. | Member Type: | Choose an option. |
| 11. | Interested in Joining a Committee: (Drop Down List) | Choose an option. |

1. **Member Demographics: (Optional)**

Thank you for providing this optional demographic information that helps WTS International better service our members and understand the results of recruiting efforts. This information is confidential and is not criteria for membership.

|  |  |  |
| --- | --- | --- |
| 1. | Member Status: (Drop Down List) | Choose an option. |
| 2. | Member Type: (Drop Down List) | Choose an option. |
| 3. | Gender: (Drop Down List) | Choose an option. |
| 4. | Ethnicity: (Drop Down List) | Choose an option. |
| 5. | Ethnicity Other: | {Please Explain Other} |
| 6. | Sector: (Optional) | Choose an option. |