**2025 Agency Partnership Program  
INVOICE / Commitment Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact: | |  | Title: |  |
| Agency: | |  | | |
| Address: | |  | | |
| City: | |  | Zip: |  |
| E-Mail Address: | |  | | |
| Telephone (direct): | |  | | |
|  | |  | | |
| **2025 Partnership Level** *(Choose one – see Benefits Summary sheet)* | | | | |
| ⬜ | Diamond – $4,500 | | | |
| ⬜ | Ruby – $3,000 | | | |
| ⬜ | Emerald – $1,500 | | | |
|  |  | | | |

Please email the following items to **Rachael Keish (**[**rachael@keishenv.com**](mailto:rachael@keishenv.com)**) and cc:** [**Admin@keishenv.com**](mailto:Admin@keishenv.com):

1. This Completed Agency Commitment form
2. High-resolution, electronic file of agency logo
3. Names and email address of individuals who will be WTS members as a part of the Agency Partnership Program (new members only, i.e., has not been a WTS member for the previous 12 months)

Check made payable to:

***WTS San Francisco Chapter***

1714 Franklin St. #100-146

Oakland, CA 94612 - 3409