

2021 Sacramento Chapter

Corporate Partnership Commitment Form

Complete company/agency information

STEP 1

COMPANY/AGENCY NAME

CONTACT NAME

TITLE/POSITION

EMAIL ADDRESS

COMPANY PHONE NUMBER

MAILING ADDRESS

CITY, STATE ZIP

Select your desired partnership level (choose one).

STEP 2

- ☐ Platinum – Includes four (4) WTS International Memberships
- ☐ Gold – Includes three (3) WTS International Memberships
- ☐ Silver – Includes two (2) WTS International Memberships
- ☐ Bronze – Includes one (1) WTS International Membership
- ☐ DBE Supporter

If your agency is unable to accept WTS International Membership(s) for individuals, please inquire about our Voucher Program.

List the name(s) and contact information of individuals
selected for WTS International Membership.

STEP 3

1. _____
(Name, Email)
2. _____
(Name, Email)
3. _____
(Name, Email)
4. _____
(Name, Email)

Send check (payable to WTS Sacramento Chapter) and completed
partnership commitment form to:

STEP 4

WTS Sacramento Chapter
c/o Leslie Fung
PO BOX 188125
Sacramento, CA 95818-8125