

CORPORATE PARTNERSHIP APPLICATION FORM

Company Name _____

President/CEO _____ Email _____

Marketing Contact _____ Email _____

Address _____

City _____ Province/State _____

Postal/Zip Code _____ Phone _____ Fax _____

Website _____

NEW PARTNER ☐

RENEWAL ☐

PARTNERSHIP LEVEL

☐ CHAMPION ☐ PATRON ☐ SUPPORTER ☐ CONTRIBUTOR

What type of product/ service do you provide? _____

To whom do you provide this product/service? _____

Please outline how your company meets the OAND corporate partnership guidelines.

For supplement, botanical and homeopathic manufacturers and distributors please provide your NHPD site license number. _____

PLEASE ADD HST TO THE PAYMENT AMOUNT.

Please indicate your method of payment: ☐ Visa ☐ MasterCard ☐ Cheque

Card Number _____

Expiry Date _____ Name on Card _____

Signature _____ Date _____