



PARTNERSHIP APPLICATION

<input type="radio"/> Partnership	<input type="radio"/> Other
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Prefix:	First Name:	Middle Initial:	Last Name:
Address:			
City:	State:	Zip:	Country:
Email:		Cell Phone:	
Home Tel:	Work Tel:	Fax:	
Organization or Business Name:			
POC First Name:		Last Name:	
City:	State:	Zip:	Country:
Email:		Work Tel:	Fax:
Website:			

<input type="radio"/> Display our logo on the NABVETS website.	<input type="radio"/> NABVETS logo will be displayed on my website.	
<input type="radio"/> My logo is provided.	Referred by NABVETS member:	
<input type="radio"/> I am donating to NABVETS a Tax-Deductible Contribution of \$		
<input type="radio"/> I authorize NABVETS to charge my credit card or banking account when this form is received. This payment authorization is valid and to remain in effect until written end date or upon sending notice to NABVETS at NABVETSSponsorship@NABVETS.org or NABVETS 6437 Garners Ferry Road Columbia, SC 29209 five days prior to the scheduled payment date.		
Credit Card:		
<input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> Discover <input type="radio"/> American Express		
Name on Credit Card	Credit Number	Exp. Date
Billing Address	City	State
Security Code	Billing Zip Code	
Signature	Date	