The World Naturopathic Federation welcomes companies/sponsors that are in favor of and support the health and environmental sector and do no harm to health or act contrary to the health and environmental sector.

**NAME of COUNTRY:**

(in English)

**NAME of Corporation:**

(in English)

**Corporation Address:**

Street:

City: State/Province/Canton:

Zip: Country:

Telephone: Country Code: Area Code: Number:

Fax:

Email: Website:

**Contacts Name Email**

President (CEO): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director

(Chief Staff Officer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WNF Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Corporation** (enter below):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

wishes to join the World Naturopathic Federation (WNF) as a Corporate Sponsor.

**Payment Amount** (please select)**:**

□ Platinum USD$10,000

□ Diamond USD$5,000

□ Gold USD$2,500

□ Silver USD$1,000

□ Bronze USD$500

Upon receipt of your application, we will send you an invoice.

**Payment Method:**

Please check the method of payment you wish to use:

□ PayPal: An email request will be sent to you upon receipt of this application.

□ Bank/Wire Transfer: A document will be sent to you with the details.

On behalf of the Corporation, I hereby acknowledge that we continue to meet the Membership Criteria for a Corporate Sponsor of the World Naturopathic Federation.

Dated this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_

Signature:

Please print name and title