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.

**COUNTRY:**

In English:

**NAME of Organization:**

Street:

City:

State/Province/Canton:

Country: Zip:

Telephone: Country Code: Area Code: Number:

Fax:

Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ formally wishes to join the World Naturopathic Federation (WNF) as a ***Non-Profit Sponsor.***

1. \_\_\_\_\_\_\_\_ I confirms that I have read and agree with the Mission Statement of the WNF

1. Please indicate your Sponsorship level.

□ Platinum USD$5,000

□ Diamond USD$2,500

□ Gold USD$1,000

□ Silver USD$500

□ Bronze USD$250

1. Preferred payment method:

 □ PayPal

 □ Wire Transfer

I hereby acknowledge I meet the Non-Profit Sponsor Membership Criteria of the World Naturopathic Federation.

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

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please print name and title