



# IAWPCO CORPORATE SPONSOR FORM

PLEASE PRINT

CORPORATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY CONTACT NAME: \_\_\_\_\_

PRIMARY CONTACT E-MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

MEMBERSHIP IS FROM April 1- March 31

CORPORATE SPONSORSHIP FEES 1 YEAR \$500.00

MAIL TO: IAWPCO P.O. Box 99 Genoa, Illinois 60135-0099