



APPLICATION FOR CORPORATE SPONSORSHIP

Please indicate if application is a: **New Membership () Renewal ()**

Business Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Phone _____ Fax _____ Cell _____

E-mail _____

Web site _____

Contact Name _____

Type of Business

(Pilates Studio, Training Organization, Clothing line, etc) _____

Please send the following information via email to the PMA office. You can email to amybh@pilatesmethodalliance.org, please place the word Sponsorship in the subject area. Please include the following information:

- **25 word paragraph about your company**
- **Logo of business**

I certify that the above information is true and complete. I understand that falsification of any of the information may result in the revocation of listing and membership. I am authorized to sign for the above listed company/business.

Signature _____ Date _____

Fee: \$1500.00 Payment Options Please Check One Of The Following:

Check () Money Order () Credit Card ()

Type Of Card : Visa () Mastercard () AMEX () Discover ()

Card Number: _____ Expiration Date: _____

3 Digit Security Code: _____ (This number is located on the back of your card)

I hereby authorize the Pilates Method Alliance to charge my credit card.

Signature _____