

## Corporate Sponsorship Application 2010

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

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Region \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone (+ \_\_\_\_\_)( \_\_\_\_\_) Fax (+ \_\_\_\_\_)( \_\_\_\_\_) Mobile(+ \_\_\_\_\_)( \_\_\_\_\_)  
(country) (city/area code) (country) (city/area code) (country) (city/area code)

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

Contact Person \_\_\_\_\_

Type of Business (Pilates studio, training organization, etc.) \_\_\_\_\_

Please send the following information via email to amybh@pilatesmethodalliance.org:

- ( ) 25-word paragraph about your company
- ( ) Logo of business (high resolution .eps or .tiff file preferred)

(Current Corporate Sponsors may omit this step if they are happy with the information posted on the website.)

**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: \$1,500.00 for one year of Corporate Sponsorship** (pay by check or credit card)

**Payment Options:**

Please check one of the following:

- ( ) Full payment of \$1500.00
- ( ) 2 payments of \$750.00
- ( ) 12 payments of \$135.00

Please check one of the following:

Check ( ) Money Order ( ) Credit Card ( )\*

\*(Credit card required for payment plans)

**Type of Card:**

Visa ( ) Mastercard ( ) AMEX ( ) Discover ( )

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

Signature \_\_\_\_\_

Attach Check or Money Order in US Dollars made out to:

**Pilates Method Alliance**



P.O. Box 370906 • Miami, FL 33137-0906  
Tel: 305-573-4946 Toll Free: 1-866-573-4945 Fax: 305-573-4461  
www.pilatesmethodalliance.org

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**PMA Corporate Sponsor Payment Plan Agreement:**

We know there are a number of companies and individuals that would like to be PMA Corporate Sponsors, but cash flow is an issue.

Therefore, we are now offering two alternatives to paying the entire Corporate Sponsorship at one time.

1. Make two payments: A deposit of \$750.00 will be processed upon receipt of your signed application. The remaining balance of \$750.00 will be billed to your credit card on the 15th of the 6th month. Total debit will be \$1500.00.

2. Make 12 monthly payments: A deposit of \$135 will be processed upon receipt of your signed application. A handling fee of \$120 will be included in the cost of the Corporate Sponsorship. The balance of the fees will be automatically billed to your credit card on the 15th of each month at the rate of \$135 per month (\$135 x 12 months = \$1620). If the date falls on a weekend or holiday, the debit will be processed the following business day. Total debit will be \$1620.

**\* Payment Plan option is by credit card only. Payment Plan fees will be charged to the credit card provided above.**

**I, the undersigned Corporate Sponsor, hereby apply for enrollment in the PMA Payment Plan. By placing my signature below I authorize the Pilates Method Alliance to charge my credit card as stipulated in the payment plan described above. I also understand and intend for this application to constitute a legally binding agreement between the undersigned and the PMA.**

Signature \_\_\_\_\_

Name (please print clearly) \_\_\_\_\_