



STRATEGIC PARTNERSHIP AGREEMENT

Send completed form to:

**WCR-Dallas, 14902 Preston Rd., Ste. 404-PMB 186 Dallas, Tx 75254
OR Email to: hollykincaid@kw.com OR Fax to Holly Kincaid @ 214-279-0727**

Partner Information (Please print clearly and complete all fields)

Company Name (as it should appear in print) _____

Your Name _____ **Title** _____

Company Phone _____ **Your Direct Line** _____

Email _____ **Website** _____

We wish to participate at the following **ANNUAL LEVEL** and understand that payment is required at signing (see full description of partnership levels on previous page) Agreement Starts _____ Ends _____

_____ Platinum Partner - \$2,000 _____ Gold Partner - \$1,500 _____ Silver Partner - \$1000

We wish to participate as a **Monthly Luncheon Partner** at the following level & month, and understand that advance payment is required 15-days prior to the event. (See full description of luncheon partnership levels on previous page.) The month of June is a Joint meeting with the Collin County Chapter. It is our year to host the meeting.

Bronze Monthly Level - \$500

_____ January	_____ <u>XXX</u> May	_____ August
_____ February	_____ <u>XXX</u> June (Joint Meeting Collin County)	_____ September
_____ April	_____ <u>XXX</u> July	

By signing this Partnership Agreement with WCR Dallas, my Company and I agree to make our payment at least 15-days in advance to allow enough time for marketing and exposure for our partnership.

Payment Method

- Check enclosed payable to WCR-Dallas
- Please charge my credit card (Visa or Master Card accepted)

Partnership Investment Total \$ _____

Signature _____ **Date** _____

Card Number _____ **Expiration Date** _____

Authorized Cardholder's Name _____

Billing Address (Street, City, Zip) _____