

CORPORATE PARTNERSHIP APPLICATION FORM

Company Name _____

President/CEO _____ Email _____

Marketing Contact _____ Email _____

Address _____

City _____ Province/State _____

Postal/Zip Code _____ Phone _____ Fax _____

Website _____

NEW PARTNER

RENEWAL

PARTNERSHIP LEVEL

\$5,000 CHAMPION \$2,500 PATRON \$1,000 SUPPORTER

What type of product/ service do you provide? _____

To whom do you provide this product/service? _____

For supplement, botanical and homeopathic manufacturers and distributors please provide your NHPD site license number. _____

PLEASE ADD **13% HST** TO THE PAYMENT AMOUNT.

Please indicate your method of payment: Visa MasterCard Cheque
Cheques can be made payable to the OAND.

Card Number _____

Expiry Date _____ Name on Card _____

Signature _____ Date _____