

Cuyahoga Plus Chapter of PAHCOM
Sponsorship Application

Renewing Sponsor

New Sponsor

Company Name_____

Contact Person_____

Mailing Address_____

City_____State____ZipCode_____

Telephone_____Fax_____

Web Site_____Email_____

Product/Service_____

How were you referred to PAHCOM?

Member Chapter Website National Website Mail

Sponsorship Pledge:

I agree to promote the professionalism of PAHCOM and to further support the Association by offering state-of-the-art services and/or supplies to PAHCOM members. I understand my membership is good for 12 months and can be renewed annually.

Check MASTERCARD VISA Amount Due: \$100.00

Card#_____Exp. _____

Signature_____Date_____

For PAHCOM Use only	

Mail or Fax to:
Gerri Botos, CMM
21000 Miles Parkway
Cleveland, OH 44128
Fax: 216-475-6788