

# Partner Commitment Form



Please complete and return this page to Stacy Gleason (sgleason@hsmái.org) at HSMAI to indicate your commitment for the 2023 calendar year as a Partner Organizational Member. We will be in touch with you to gather the additional details to activate the memberships for associates within your organization.

Organization Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Partner Organizational Membership:

- |   |  |
|---|--|
| <input type="checkbox"/> Diamond \$45,000 | <input type="checkbox"/> Sapphire \$25,000 |
| <input type="checkbox"/> Emerald \$35,000 | <input type="checkbox"/> Ruby \$15,000     |

## Method of payment:

Check/Wire:

A check, made payable to HSMAI, is being sent to HSMAI at 7918 Jones Branch Dr. Suite 300, McLean, VA 22102. Wire/EFT information available on request. Anticipated date: \_\_\_\_\_

Credit Card:

Invoices can be paid by credit card. Please provide the name and email address that the invoice and instructions should be forwarded to.

Name: \_\_\_\_\_ Email: \_\_\_\_\_