

Corporate Sponsor Application

Please print/type and return with payment.

Company Name: _____

Contact Name(s): _____

Street: _____

Street Cont'd: _____

City: _____

State: _____

Zip: _____

Mailing Address: _____

Street: _____

Street Cont'd: _____

City: _____

State: _____

Zip: _____

Telephone Number(s): _____

Fax #: _____

Email Address: _____

Web Site Address: _____

Product Line/Service: _____

Product Level Desired: _____

Amount Proposed: _____

By their signatures affixed hereto, the undersigned agrees that they have read and understands the PNOA Sponsor Guidelines. In addition to this application, the sponsor must attach their written proposal on company letterhead and indicate the level of sponsorship they desire. All applications must be accompanied by a check or money order payable in U.S. funds to:

Pennsylvania Narcotic Officers' Association
 Attn: Corporate Sponsorship Program
 3915-905 Union Deposit Road
 Harrisburg, PA 17109

Company Representative: _____ (please print) _____ (date)

Company Representative: _____ (signature) _____ (date)

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