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Please consider joining this great sponsorship group.



Suncoast Chapter Partnership Form

Please complete and return this form with payment to secure your partnership.

AFP Monthly Luncheon Sponsorships

Month(s) _____ \$500 x _____ = Total \$ _____

Partner Information

Contact Name _____ Company _____

Address _____ City/State/Zip _____

Telephone _____ Fax _____

Email _____ Company URL _____

Payment *(full payment is required to begin partnership)*

Partnership Fee(s) _____ Amount Enclosed _____

Check (made payable to AFP Suncoast)

Signature and Agreement *(The undersigned agrees to the conditions and benefits set forth in the Partnership Opportunities listing)*

Official Representative _____

Signature _____ Date _____

Please mail or email to:

AFP Suncoast, c/o Tammy Leventis, PO Box 1134, St. Petersburg, FL 33731, or Email: tammy@mailcofla.com

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