

CORPORATE SPONSORSHIP PROGRAM COMMITMENT FORM



WISCONSIN ASSOCIATION OF
HEALTH UNDERWRITERS

We are committed to sponsoring WAHU throughout the coming year (i.e. 12 months) and will participate at one of the following sponsorship levels: (please circle one)

Platinum
\$9,000/Yr.

Gold
\$6,500/Yr.

Silver
\$4,500/Yr.

Bronze
\$2,000/Yr.

Laureate
\$1,000/Yr.

ORGANIZATION NAME

ORGANIZATION CONTACT

STREET ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL

The following employees are designated as the free memberships, per the sponsorship level:
Platinum (5 included), Gold (3 included), Silver (2 included)

Name	Organization	Address City Zip	Phone	Email

We agree to this level of commitment for the next year. If we are not making an annual payment, we will pay installments promptly on dates listed on the dues schedule.

Return completed Commitment Form with payment to:



WISCONSIN ASSOCIATION OF
HEALTH UNDERWRITERS

**WAHU, 4600 American Parkway,
Suite 208, Madison, WI 53718**

PHONE: 608-268-0200 FAX: 608-241-7790

SIGNATURE

TITLE

DATE