

CORPORATE ALLIANCE

Member Application and Acceptance Form



Are you an existing Corporate Alliance member?

YES

NO

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Contact Information for Representative #1

First Name: _____

Last Name: _____

Title: _____

Email: _____

Phone Number: _____

Contact Information for Representative #2

First Name: _____

Last Name: _____

Title: _____

Email: _____

Phone Number: _____

Which Sponsor Level are you applying for?

- Foundation Patron (\$50,000+)
- Grand Patron (\$30,000 - \$49,999)
- Patron (\$15,000 - \$29,999)
- Sustaining Member (\$10,000 - \$14,999)



Why do you want to join the American Psychiatric Association Foundation's Corporate Alliance? What are the most important goals or objectives for your Corporate Alliance membership?

Please add any additional information you would like to share that you haven't already.

Company acknowledges that the APAF may review any available information regarding Company when considering whether to grant this Application. Company further acknowledges that all members of the Corporate Alliance are required to fully comply with the APAF Statement of Ethical Principles and the APAF Antitrust Avoidance Policy, and that APAF may at any time decline to do or to continue to do business with Company if APAF, in its sole judgement, determines that Company has not met APAF's standards or common standards of business ethics. This includes the possibility that APAF may deny Company's Application, impose restrictions upon Company's participation in the Corporate Alliance, or remove Company from the Corporate Alliance after Company has been granted membership status.

By signing below, Company representative(s) hereby apply to participate in the Corporate Alliance of the American Psychiatric Association Foundation and attests that it has provided accurate and complete answers to all of the questions contained herein. If this application is approved by APAF, Company shall sign the APAF's participation agreement and submit payment of the required contribution within 60 days.

Signature: _____

Company: _____

Printed Name: _____ Date: _____

Title: _____

Approved by APAF: _____

Printed Name: _____ Date: _____

