

earthmutt

PARTNERSHIP REGISTRATION

ORGANIZATION NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PRIMARY CONTACT: _____

PHONE: _____ **FAX:** _____

EMAIL: _____

YOUR WEBSITE ADDRESS (IF APPLICABLE): _____

ARE YOU A 501(C)(3) NON-PROFIT: YES {} NO {}

TAX ID#: _____

HOW DID YOU LEARN OF THE EARTH MUTT PARTNERSHIP PROGRAM: _____

Signature

Date