



2018 Louisiana Rural Health Association Corporate Sponsorship Application

Name: _____ Title: _____

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Corporate Sponsorship Level:

- | | | | |
|--|------------|---|-----------|
| <input type="checkbox"/> Diamond Sponsor | (\$10,000) | <input type="checkbox"/> Platinum Sponsor | (\$7,500) |
| <input type="checkbox"/> Gold Sponsor | (\$5,000) | <input type="checkbox"/> Silver Sponsor | (\$2,500) |
| <input type="checkbox"/> Bronze Sponsor | (\$1,500) | | |

Complete page two for membership contacts

Payment

- Check enclosed MasterCard Visa (MasterCard and Visa only)

Credit Card Number: _____ Expiration Date: _____

Name (as it appears on card): _____

*****Please complete membership section on next page*****

Louisiana Rural Health Association
133 Hwy 402, P.O. Box 387, Napoleonville, LA 70390
Phone: (985) 369-3813 Fax: (985) 369-3630
www.lrha.org

Revised 2/14



Membership Information

(Please provide the name and e-mail address)

Diamond: Up to **15** contacts
Platinum: Up to **10** contacts
Gold: Up to **8** contacts
Silver: Up to **6** contact
Bronze: Up to **4** contacts

1. Name: _____ Email: _____

(This person will be the primary contact of your organization.)

2. Name: _____ Email: _____

3. Name: _____ Email: _____

4. Name: _____ Email: _____

5. Name: _____ Email: _____

6. Name: _____ Email: _____

7. Name: _____ Email: _____

8. Name: _____ Email: _____

9. Name: _____ Email: _____

10. Name: _____ Email: _____

11. Name: _____ Email: _____

12. Name: _____ Email: _____

13. Name: _____ Email: _____

14. Name: _____ Email: _____

15. Name: _____ Email: _____