



Community Partners **Application**

Please complete the Community Partners application and return as soon as possible to:
Laurie Weaver, *Our State* magazine, P.O. Box 4552, Greensboro, N.C. 27404.

1. Organization's name, key contact person, address, phone number, fax number and email address.

2. What is your group's fund-raising purpose or need?

3. When would you like to start, and how long will the sale last?

4. By what means will you solicit subscriptions?

- mail
 personal solicitation
 table at mall or similar public place
 other (please explain):

5. How large is your membership?

By signing this form, I agree to sell subscriptions for *Our State* through the Community Partners program only for the not-for-profit group I represent.

Signature _____

Date _____