Application Form
For Business Sponsor, Advertiser, Underwriter, and/or Membership With the Springfield Civic Association

Company / Organization Name and Address:

(Print)

Company Representative / Sponsor Name and Title:

(Print)

Telephone: ( ) **Fax Number:** ( )

Cell Phone: ( ) **Other Number:**

Web Site Address: **E-mail Address:**

Type of Application:

☐ **Sponsorship** ☐ **Advertiser** ☐ **Underwriter** ☐ **Membership** ☐ **Other**

Desired Method of Affiliation (Please briefly describe your objective/outline):

Preferred Method of Payment:

☐ *Pay by Check* ☐ *Pay by Money Order* ☐ *Pay by Cash*

Address for Mailing Application:

Springfield Civic Association
Attn: Advertising & Sponsor Services
P.O. Box 5084
Springfield, VA 22150

(Applicant / Representative Signature) **(Date)**