

ASSOCIATE CAMPAIGN REGISTRATION FORM



Contact's name:

Position/title:

Preferred email:

Preferred phone number:

Select the classification that best applies:

- Company
- Community Organization
- Religious Organization

Name of interested company/organization:

Estimate number of campaign participants:

Intended campaign start date:

Intended campaign end date:

Please contact me by:

- Email
- Phone call

After completing this form,

1. **Click here** to save your changes
2. **Click here** to email this form to Amber Scott at ascott@csb.org