



Community Partners Application

Please complete and return to Lynne Dardanell at ldardanell@ourstate.com.

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

How will this program benefit your organization (Ex. What programs/needs will be met)?

What is your desired timeframe for implementing the program (Ex. One month, six months, a year)?

By what means will you solicit subscriptions?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Mail | <input type="checkbox"/> Print solicitation such as newsletters |
| <input type="checkbox"/> Email | <input type="checkbox"/> Outreach events |
| <input type="checkbox"/> Website | <input type="checkbox"/> Personal Solicitation |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Other (please explain): |

How large is your membership/donor base/potential solicitation audience?

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

Signature _____ Date _____