



Business Partnership Program Application

- New Membership
- Renewal Membership

Company Name: _____

Company Web site: _____

Company Representative: _____

Partnership Levels (please select one):

- ___ Director (\$10,000 & above)
- ___ Managing Partner (\$5,000 - \$9,999)
- ___ Senior Partner (\$2,500 - \$4,999)

I authorize \$ _____ as payment for a one-year Business Partnership Program membership

Payment Method:

___ Check payable to: **UC Regents – Business Partnership Program**

___ Credit Card

- American Express
- Discover
- MasterCard
- Visa

Card Number: _____ Expiration: _____

Name on Card: _____

Signature: _____

Please return this form and your tax-deductible* gift to:

Mary Maffly, Director of Development & Alumni Relations

UC Davis Graduate School of Management

One Shields Avenue, Davis, CA 95616

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