



SPONSORSHIP APPLICATION

NAME OF ORGANISATION/EVENT: _____

MEMBERSHIP NUMBER (IF APPLICABLE): _____

NAME OF PERSON MAKING THE APPLICATION: _____

POSITION HELD: _____

PHONE: _____

E-MAIL: _____

POSTAL ADDRESS: _____

DATE OF APPLICATION: ____/____/____

SPONSORSHIP SOUGHT: _____

OTHER: _____

HAS THE CMB PREVIOUSLY SPONSORED THIS ORGANISATION/EVENT?

YES / NO

HOW WILL THIS SPONSORSHIP BE USED TO BENEFIT YOUR ORGANISATION/EVENT?

HOW WILL YOUR ORGANISATION/EVENT SUPPORT CMB IN A PARTNERSHIP ARRANGEMENT?

- Advertising of CMB to your Members
 - ☐ In Clubrooms/Outside
 - ☐ On apparel
 - ☐ Web page presence/link
 - ☐ Facebook recognition
 - ☐ Add in newsletter/ program
 - ☐ Use of CMB Banner at major Club functions.

OTHER: _____

**** Please attached any other relevant information to support your application**