



**Sports Turf Managers of New York**  
**5994 Hebrides Trail Cicero, NY 13039**  
**STMONY OFFICE**  
**Phone 1-888-825-9992 fax 1-888-914-6111**  
**www.stmony.org**

## 2010 Partnership Form

**Contact Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Your complete mailing address is needed to receive the monthly Sports Turf Magazine. To receive Program Announcements and Timely Management Tips, please provide an email address.**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Email \_\_\_\_\_

**What type of business are you affiliated with?**

K-12  College  Professional  Municipal- Parks and Recreation  Other \_\_\_\_\_

**Which category best describes your profession?**

Vendor  Grounds Manager  Educator  Superintendent  Administrator  Custodian  Other \_\_\_\_\_

**Sponsorship Level:**

\$1000 Gold  \$650 Silver  \$500 Bronze

**Additional Members:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Address (if different) \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Address (if different) \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Address (if different) \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Address (if different) \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Address (if different) \_\_\_\_\_

**Method of Payment:**

Check Amt: \$ \_\_\_\_\_ (payable to STMONY)  Purchase Order #: \_\_\_\_\_  Charge: **Visa** \_\_\_\_\_ **M/C** \_\_\_\_\_  
 Card holder name (please print): \_\_\_\_\_ Signature \_\_\_\_\_  
 Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Security code: \_\_\_\_\_

**Mail or fax your completed form to: STMONY ■ 5994 Hebrides Trail ■ Cicero NY 13039**

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