

Alumni Loyalty Partner Registration

Name of Business:			
Business Phone:			
Mailing Address:			
City:	State:	Zip Code:	
Hours of Operation a	and Location(s) - attach addition	al informational page if needed:	
Website:			
Facebook Page:			
Alumni Loyalty Partr	er Contact for Business:		
Email Address:			
<u>Descript</u>	ion of what your busines	ss will provide as a Loyalty	<u>Partner</u>
As a WVC Alumni Loy	valty Partner our business is plea	sed to offer the following to WVC L	oyalty Card
Holders: (Please be sureceive benefits descr	•	special conditions, limitations or inst	ructions on how to
Logo, busin	ess card or copy attached for pro	motional purposes	
We would l		udents as well as WVC Alumni *A co	py of this registration

Mail: WVC Foundation, 1300 Fifth Street, Wenatchee WA 98801

Fax: 509-682-6401

Email: slockhart@wvc.edu