



Collagen Stewardship Alliance Application

Company Name: _____

Mailing Address: _____

City/State/Postal Code: _____ **Country:** _____

Website: _____

Social Media: _____

Primary Company Representative:

Name: _____ **Title:** _____

Tel: _____ **Email:** _____

Billing Contact:

Name: _____ **Title:** _____

Tel: _____ **Email:** _____

Please list any other company representatives who should be kept informed of Alliance news and activities:

Name: _____ **Email:** _____

Name: _____ **Email:** _____

Name: _____ **Email:** _____

Name: _____ **Email:** _____

Name: _____ **Email:** _____

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Engagement Level:

- Executive Leadership (\$20,000/year)
- Leadership (\$16,000/year)
- Sponsor (\$8,000/year)
- Supporter (\$3,000/year)

Payment Options:

- Once per year (no surcharge)
- Every 6 months (\$75 surcharge per payment)
- Monthly (automatic credit card charge, no additional fee)

Please sign and certify the information provided:

I certify that the information included with this application is true and complete to the extent of my knowledge and I understand that my signature below indicates my obligation to fulfill my commitment.

This application will be complete only when Trust Transparency Center on behalf of the Ingredient Transparency Center (ITC) has received the above information and payment in the appropriate amount. Dues are non-refundable once ITC has approved the application.

Company: _____

Contact: _____ Title: _____

Signature: _____ Date: _____

Please send the completed form to:

BY MAIL:
Collagen Stewardship Alliance
c/o Trust Transparency Center
18 Augusta Pines Dr, Suite 151 W-2
Spring, Texas 77389

BY EMAIL:
info@collagenalliance.org