



Wild Apricot Inc.
144 Front St. West, Office 725
Toronto, ON, M5J 2L7 Canada
www.WildApricot.com

Chapter Billing Request Form

RE: Florida State Parks Foundation Multi-Chapter Billing Contract

This form is to request inclusion on a Tiered Discount Pricing Agreement held with Wild Apricot. All multi-chapter accounts are billed on a 1-year or 2-year cycle per discount tiers as outlined in the **Multi-Chapter Billing Contract**

* Existing Wild Apricot accounts will receive their discount pricing upon their next renewal date

*New Wild Apricot accounts will be invoiced with their discount pricing the next business day after the Date of Submission provided they reach the first discount tier.

Chapter Name:

Annual Plan (Required)

(See billing plans here: <http://wildapricot.com/pricing>)

- Personal
- Group
- Community
- Professional
- Network
- Enterprise
- Global

Account Information

Organization Name: _____

Wild Apricot Account Number: _____

Wild Apricot Website URL: _____

Organization Address

Street Address: _____

State/Province: _____

Country: _____

Zip/Postal Code: _____

Billing Contact

Billing Contact Name: _____

Billing Contact Email: _____

Billing Contact Phone Number: _____

Billing Address (if different from Organization Address): _____

*A group discount invoice, payable by credit card/PayPal/check, will be issued and sent to the billing contact on file.

Please email completed form to your chapter co-ordinator.

info@floridastateparksfoundation.org

[Internal Use Only]

Group Tag: