

Chapter Billing Request

This form is to request inclusion on a multi-chapter discount group pricing program held with WildApricot. 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**. All discounts are based on current monthly rates.

*Existing WildApricot accounts will receive their discount pricing upon their next renewal date, provided there are 5 or more participating chapter accounts.

*New WildApricot accounts will be invoiced with their discount pricing the next business day after the Date of Submission provided there are 5 or more participating chapter accounts.

Chapter Name: (chapter group that you would like to be added to)

Select Plan: (See billing plans here: <https://www.wildapricot.com/pricing>)

100	<input type="checkbox"/> 1-Year Subscription	<input type="checkbox"/> 2-Year Subscription
250	<input type="checkbox"/> 1-Year Subscription	<input type="checkbox"/> 2-Year Subscription
500	<input type="checkbox"/> 1-Year Subscription	<input type="checkbox"/> 2-Year Subscription
2,000	<input type="checkbox"/> 1-Year Subscription	<input type="checkbox"/> 2-Year Subscription
5,000	<input type="checkbox"/> 1-Year Subscription	<input type="checkbox"/> 2-Year Subscription
15,000	<input type="checkbox"/> 1-Year Subscription	<input type="checkbox"/> 2-Year Subscription
50,000	<input type="checkbox"/> 1-Year Subscription	<input type="checkbox"/> 2-Year Subscription

Account Information

Organization Name: _____

WildApricot Account Number: _____

WildApricot Website URL: _____

Organization Address

Address Line 1: _____

Address Line 2: _____

City: _____ 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.

Submitted by:

Full Name of Full Account Administrator

Signature of Full Account Administrator

Date

Please email the completed form to your chapter co-ordinator and billing@wildapricot.com

[Internal Use Only]

Group Tag: