



**Wild Apricot**  
by  Personify

**Wild Apricot Inc.**

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## Chapter Billing Request Form

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.**

[Internal Use Only]

Group Tag: