

PARTICIPATION APPLICATION



PLEASE PRINT CLEARLY. If listing multiple locations, please complete a separate form for each location. [Location Form # ____ of ____]

CONTENT FOR YOUR LISTING (Complete exactly as you wish your listing to appear)

Business Name (Line 1) _____

Address (Line 2) _____ Category _____

City (Line 3) _____ State _____ Zip (Line 4) _____ Country _____

County _____ Neighborhood _____ Phone (Line 5) () _____

Benefit Description & Disclaimers*: Use separate sheet if necessary

Offering more than one benefit? Check here if Card Holder may:

Choose Any - No limits. Card holder may receive All Benefits described per visit

Choose One Benefit described per visit

(*No need to write all of your Restrictions or Disclaimers. They may already be in the Full Rules. Rules may be reviewed at: www.ClubAllianceCard.com)

WebSite URL: _____

50 Word Description (you may also attach and submit on separate sheet or EMail to ListMe@ClubAllianceCard.com)

CONTACT INFO FOR THIS LOCATION (Complete a separate form for each location including one for Corporate Location)

Check all that apply: Retail Location Corporate headquarters Billing Address Other _____

Address (same as above) _____

Contact Name _____ Title _____

E-Mail _____ Fax () _____

Phone- Office () _____ Mobile/Other () _____

Other Manager's Names: _____

Employees (at this location): _____ Next Employee Meeting: _____

*Anniversary Date: _____ You've Been Invited to Join ClubAllianceSM by: _____

TERMS & CONDITIONS

CABN Participant Agreement:

(init.) _____ The ClubAllianceSM Benefits Network (CABN) has been designed to increase advertising exposure and consumer sales for participating businesses (Participants) by promoting said business to ClubAllianceSM Membership Card Holders.

- Participant agrees to participate in the ClubAllianceSM program (which may be modified from time to time) for one year, which renews automatically each year on the Anniversary Date*. Participant may terminate program at any renewal date with 30 days written notice. ClubAllianceSM will bear all program-marketing costs, including distribution of Participant's best promotional offer, via marketing partners, non-profit organizations, associations, employee groups, printed materials and the internet. ClubAllianceSM reserves the right to refuse inappropriate or unworkable Participant Benefit offers.
- Participant agrees to provide ClubAllianceSM and it's members with a reasonable promotional offer, which Participant has described in detail on this Benefits Participation Agreement form. ClubAllianceSM will market this offer to its members.
- Participant further agrees to the following:
 - Honor the agreed discount benefit when a Card Holder presents their Membership card which bears the ClubAllianceSM logo.
 - Pay an annual ClubAllianceSM Benefits Network Participation Fee per participating business location at the agreed rate below.
 - It is the Participant's responsibility to provide ClubAllianceSM current and accurate information for their ClubAllianceSM Benefits Listing.

(init.) _____ ClubAllianceSM Benefits Network Participation Rate per Year: \$ _____ x # Locations: _____ = \$ _____

(init.) _____ Other: _____ = \$ _____

AUTHORIZATION

(sign) X _____

(print) _____

Title: _____ Date: _____ / _____ / _____

PLEASE COMPLETE AND FAX TO: (858) 481-6487

Or mail with payment to:
ClubAllianceSM Benefits Network
 2658 Del Mar Heights Rd. #265 Del Mar, CA 92014
 ListMe@ClubAllianceCard.com

PAYMENT INFO

Preferred method:

CASH CHECK INVOICE OTHER

Pay with Credit Card via



To pay with Credit Card, log on to www.PayPal.com and select "Send Money" to: ListMe@ClubAllianceCard.com

office use:
 D_Ad Data Welc Kit Memb Updt
 Pd/inv Mmbrshps Live Comp

Total: \$ _____

Does your business honor this card?



If it did, you'd get...

- Promotion to over 100,000 members!
- **PLUS...**
- ClubAllianceSM Membership Cards for your Staff.
- Discounted High Quality Full Color Printing.
- Graphic & Web Design Services on Full Trade.
- Co-op Advertising and Opportunities.
- Gift Card Marketing Programs.
- Tips for More Tips Coaching.
- Direct Mail Campaigns.
- And more!

CALL 858.481-4439 & Get in the CABN!

They do! Why not you?

