



# 2011 Affiliate Application Packet

## Application Check List

Please thoroughly complete and return the following items.  
**(failure to thoroughly complete the enclosed forms or submit the additionally requested information will result in processing delays)**

- Application
- Discount Form
- Credit Card Auth Form AF-01 (if paying with credit card) or check made payable to PAPO

**Please double check all paperwork to make sure all sections are completed and signed as necessary to reduce processing delays.**



# Affiliate

Application

844 West Mission Bay Drive  
San Diego, CA 92109  
Phone: (858) 488-9100  
Fax: (858) 488-6500  
Website: www.teampapo.org

- Completion of this Application does not constitute Membership in the organization. Membership is activated only after review and approval of this application by PAPO.
- All Memberships expire on December 31<sup>st</sup> of each year, regardless of date joined Date: \_\_\_\_\_

**AFFILIATE TYPE** (check one) **New PAPO Affiliate** \_\_\_ **Renewing PAPO Affiliate** \_\_\_

- Insurance Professional       Broker       Agent       Carrier
- Equipment Manufacturer
- Distributer
- Flight Instructor
- Consultant
- Other \_\_\_\_\_

## AFFILIATE INFORMATION

Company Name: \_\_\_\_\_

Representatives Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

## MEMBERSHIP FEES

- All memberships expire on December 31<sup>st</sup> of each calendar year, regardless of date joined

FEE SCHEDULE	
2011 Annual Affiliate Membership Fee	\$ 99.00

## PAYMENT METHOD

- Check (please make payable to PAPO)
- Credit Card (complete and submit form AF-01 Credit Card Authorization)

**Please do not submit application package unless all items are thoroughly complete - doing so will cause processing delays**

OFFICE USE ONLY Rec'd: \_\_\_\_\_ Ent: \_\_\_\_\_ Filed: \_\_\_\_\_ Ship'd: \_\_\_\_\_ Member # \_\_\_\_\_



# Member Discount Agreement

844 West Mission Bay Drive  
San Diego, CA 92109  
Phone: (858) 488-9100  
Fax: (858) 488-6500  
Website: www.teampapo.org

Affiliate member who offers discounts on products and services exclusive to PAPO members.

## AFFILIATE TYPE

- Insurance Professional       Broker     Agent     Carrier
- Equipment Manufacturer
- Distributor
- Flight Instructor
- Consultant
- Other \_\_\_\_\_

## COMPANY INFORMATION

Company Name: \_\_\_\_\_

Representatives Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

## TYPE OF DISCOUNT OFFERED

Please check all that apply and provide a brief description below, attach additional page(s) as necessary

### Products

- 10% - 20% off full line of products \_\_\_\_\_
- 10% - 20% off limited line of products \_\_\_\_\_
- Other \_\_\_\_\_

### Services

- 10% - 20% off full line of services \_\_\_\_\_
- 10% - 20% off limited line of services \_\_\_\_\_
- Other \_\_\_\_\_

## AGREEMENT

The undersigned, hereby agrees to provide PAPO members with the exclusive discounts indicated above, throughout the calendar year of 2009

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Credit Card Authorization Form (AF-01)

Please Print Clearly

## Billing Information

Name on card \_\_\_\_\_  
(Exactly as shown on card)

Company name \_\_\_\_\_

Card address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Contact phone number \_\_\_\_\_  
(Please provide)

## Transaction Information

Credit Card Type \_\_\_ MasterCard \_\_\_ Visa \_\_\_ Amex \_\_\_ Discover

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_/\_\_\_\_\_

Credit Card Security Code \_\_\_\_\_

Location: (Last three digits on back side of Visa, MasterCard and Discover). (Printed numbers located on right, front side of American Express card).

Amount Authorized \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

I, hereby authorize PAPO to charge my credit card in the amount indicated above, to be applied to as payment of membership fees.

<b>For Office Use Only</b>		Member Number _____
Processed By _____	Date _____	Shipping: Standard/Expedite \$ _____
Authorization # _____		Company \$ _____
Note: _____		Owner/Op \$ _____
_____	Quantity (____) Captain	\$ _____
_____	Quantity (____) Mate	\$ _____
Total Amount \$ _____		Decals/Certs \$ _____