



## \*\*College Consultants Volunteers Agreement\*\*

Market Consultants Organization 1970 W Old Magee Trail, Suite 9201 Oro Valley, AZ 85704 Phone 520 544 0888

If you prefer, PRINT A COPY

SS	Co	ompany ~ Sponsor *
	Comm	nunity Volunteer Name *
<u>.</u>	First	Last
Address *		
Street Address		
City		State / Province / Region
Postal / Zip Code		
Email*		Cell Phone *
		### ### ###

## Consultants Agreement Guidelines

Endorsement of your sponsoring organization or approval of our board member is required in addition to completing our initial training and review of best practices. We will provide you with our training which should be completed before conducting interviews unless your sponsor will be conducting the interviews on your behalf. Zip codes are exclusive to you as long as you work them. They may be assigned after 120 days if you choose not to continue to interview the candidates. NO refunds made after purchase.

Our mission is to select qualified college bound student candidates who will commit the required time and effort to meet our member objectives as outlined in our membership agreement. By submitting this consultant's agreement we will provide the following required marketing tools and training.

- Planning Guide outlining the program. Custom WebCard® for marketing & tracking.
- Power Point Presentation or PDF Slides. Video link for training and/or presentation.
- Client brochures, forms, and business card source for your planning college clientele.
- On line training gets the process started. Start recommending clients immediately.
- Independent Consultants will act in the capacity of an information provider and follow all required best practices. Both parties are held harmless from the activities of the other party.
- If no members are referred in 90 days, we reserve the right to discontinue this agreement.

When you enroll FIVE new families, we will secure another list of 2,000 FREE!

You will also be awarded a membership scholarship essay competition at no cost.

## Click the Icons to Enroll NOW for \$500 to receive 2,000 referrals. Value \$4,000













Click the Cards Logo or complete the form below. All purchases are exclusive to you and are final. We call the candidates multiple times on your behalf and you receive a \$500 expense reimbursement for each enrollment. NO REFUNDS.

Bank Routing Number	Account Number
	Check number if you wish # xxx
Credit Card Number	Expiration Date MMYY
	2 digit month and 2 digit year only (i.e. 0425)
Zip Code for Credit Card address	Security Code
Acc	cept or Decline our offer *  Please select ✓
Please sel	ect one before your offer expires
Date*	Signature ~ Email may be used *
MM DD YYYY	Submitted on a secure server and a copy of the agreement will be emailed to you for your records.
<u>S</u>	ave & Resume Later
	Submit