

| Full Name: | | Address: | | |
|--|---|--|--|---|
| City: | | State: _ | | Zip: |
| Cell Phone: | Pre | eferred Email: | | |
| Custo | om WebCard® pe | gether planner outli ersonalized for each for supporting client | community volunte | eer. |
| Affiliate's commitmer arrange the Virtual A \$500 reimburseme You do the prospe | nt is \$100 as an aff meeting attendance nt stipend paid for e | e. We conduct the i | nterviews. NO RE | |
| target zip code and A \$500 reimburseme We do the prospect When you have enro behalf with no cost We award you one N | ment is \$100 per m I contact them on yount stipend is paid or ting. Illed your 5 th member to you. (5 may incompleted by the part of the | our behalf. Shelf life n enrollment. r family, we will sect clude anyone you ma | of this student re- ure another list of ay know who need ew family enrollme | 00 candidates from your gistry roster is 5 years. 1,000 candidates on your ls this service) ents. These Membership |
| Consultant may disconnected Preferred | | n at any time reverti s Check or Draft. I | | |
| Check or Savings | | | | Check # |
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| Com | l Er | Tucson, AZ 85704 /oice 800 743 4731 Fax 888 743 4731 mail: Info@powt.org | ı | |
| | sultant's Target Candidates selecte | t zip Code ed 360 degrees fro | om this zip code. | |
| I want to (se | enroll a | as an affiliate _ | or consu | ıltant |
| v | | | Dato | |

Consultant/Affiliate Signature (You may use your email address)