



# POWT

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

### Everyone receives

- **Power of Working Together** planner outlining the program.
- **Custom WebCard®** personalized for each community volunteer.
- **Consultants Web Site** for supporting client recruitment and marketing.

### Affiliate

- Affiliate's commitment is only **\$100** as an affiliate You refer candidates to confirm their interest and to arrange the Virtual meeting attendance. We conduct the interviews on your behalf.
- A \$500 reimbursement stipend paid for each new member/Family enrollment.

### Consultant

- Consultant's commitment is **\$100** per month We secure 1,000 candidates from your target zip code and contact them on your behalf. Shelf life of this student registry roster is 5 years.
- A \$500 reimbursement stipend is paid on your first enrollment, \$600 on the second and so on up to **\$1,000 per family** (6 enrollments). **Renews each fiscal year anniversary of your enrollment.**
- When you have enrolled your 6<sup>th</sup> member family, we will secure another list of 1,000 candidates on your behalf with no cost to you. (May include anyone you select who needs this finding service)
- We award you one **Membership Scholarship** for each 6 new family enrollments. These Membership Scholarships are to be used in an approved marketing program.

Consultant may discontinue subscription at any time reverting to Affiliate status. **NO REFUNDS**

**Preferred payment mode is Check or Draft. Bank Name** \_\_\_\_\_

Check or Savings \_\_\_\_\_ Routing code \_\_\_\_\_ Account Number \_\_\_\_\_ Check # \_\_\_\_\_ (optional)



Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Zip Code for your credit card mailing address** \_\_\_\_\_ **Security Code** \_\_\_\_\_

### Market Consultants

1970 W. Old Magee Trail, Ste 9201  
Tucson, AZ 85704  
**Voice 800 743 4731**  
**Fax 888 743 4731**  
Email: [Info@powt.org](mailto:Info@powt.org)

**Consultant's Target zip Code** \_\_\_\_\_

Candidates selected 360 degrees from this zip code

I want to (**Select one**) enroll as an affiliate \_\_\_\_\_ or consultant \_\_\_\_\_

**X** \_\_\_\_\_  
**Consultant/Affiliate Signature**

**Date:** \_\_\_\_\_