



WICPA Affinity Partner Program Application

For use by vendors wishing to promote a product/service to members of the Wisconsin Institute of CPAs.

VENDOR INFORMATION *(Please print):*

Contact Person(s) _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____ Email _____

PRODUCT/SERVICE INFORMATION *(If applicable, submit brochures or samples):*

Formal name of product/service _____

Nature of product/service _____

What is the benefit to WICPA members? _____

Target Audience(s)

- All members
- Members in management, business & industry
- Members in public accounting
- Public accounting firms or industry companies
- Student members
- Other _____

Will the WICPA receive non-dues revenue, for example, based on member participation?

- No
- Yes

If yes, explain _____

Is your product available to others?

- No
- Yes

If yes, who? _____

If yes, how? _____

What is the regular price? _____ Member price/discount percentage _____

Is your product available at this special price elsewhere?

- No
- Yes

If yes, who? _____

Anticipated market penetration: Year one _____ Year two _____

Anticipated WICPA revenue: Year one _____ Year two _____

Explain how members would order and/or use your product/service. Include usage on special ID, phone number, online ordering information, etc. The WICPA will not be responsible for orders or payment processing.

MARKETING STRATEGY:

Submit samples of marketing materials for review. Telephone, email and fax solicitations are not permitted. All marketing materials must be approved by the WICPA prior to distribution.

Do you intend to market through direct mail?

No Yes

Mailing frequency: Annual Semi-Annual Quarterly

Target mailing date(s) _____ Number of pieces in mailing _____

Are you currently in litigation?

No Yes

If yes, explain _____

Are you currently under investigation by the government?

No Yes

If yes, explain _____

List any conflict of interest on this partnership:

List anyone you are related to at the WICPA or know personally:

REFERENCES:

List any associations or state CPA societies your product/service is offered to:

<i>Contact name</i>	<i>State</i>	<i>Phone</i>	<i>Client Since</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List a minimum of three additional references:

<i>Contact name</i>	<i>State</i>	<i>Phone</i>	<i>Client Since</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe below or submit any additional information about your company's history, reputation, quality of service, etc.:

VENDOR STATEMENT:

I have read the above WICPA Affinity Partner Program Policies, Selection Criteria & Procedures document and have completed this application in compliance and agreement with the policies, selection criteria and procedures. Our organization is responsible for all costs related to the marketing of our product including postage, labor, envelopes and paid advertising or sponsorships. Furthermore, our organization is responsible for all order and payment processing as well as distribution. Our program requires a minimal time commitment from WICPA staff. I understand the decision of the WICPA is final.

Signature _____ Date _____

Printed name _____ Title _____

SUBMISSION INFORMATION:

Return to:

Sue Daniels
Business Development Manager
W233N2080 Ridgeview Parkway, Suite 201
Waukesha, WI 53188

☎ 262-785-0445 ext. 4516

☎ 262-785-0838

@ sue@wicpa.org

The approval process requires at least 30 days. For more information about the Wisconsin Institute of CPAs, visit wicpa.org.