

NOTARY ROTARY

AUTHORIZED AFFILIATE PROGRAM (NRAAP)

Please complete this form if you would like to join the Notary Rotary Authorized Affiliate Program (NRAAP). Version 1.2

NRAAP APPLICATION

Company / Partner Prospect Information **Company Name Contact Name** Web Site E-mail Address **Physical Address** Street Address: Street Address 2: ZIP: Citv: State: **Mailing Address** Street Address: Same as above [] Street Address 2: ZIP: City: State: Phone Fax Do You Have a Notary [] No [] Yes, my user name is: **Rotary Account?** Are You an Approved [] No []Yes **Educational Vendor?** Are You a Licensed [] No [] Yes, my license number is: **Insurance Agent?** Which Program Options are You Interested In? Retailer / Vendor Eligibility ONLY **Open Eligibility** Option 1 - Notary Supply Kits [] Option 3 - Discount Letters [] Option 5 - Affiliate Link Option 2 - Volume Purchase [] Option 4 - Fulfillment **Briefly Describe Your Marketing Plan for Notary Rotary Products:** By signing below, I am requesting to participate in the Notary Rotary Authorized Affiliate Program. If accepted, I agree to all terms and conditions detailed in the NRAAP Agreement.

Date

Authorized Signature / Title or Capacity