



# 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:**

Terry Felker  
Business Development Manager  
W233N2080 Ridgeview Parkway, Suite 201  
Waukesha, WI 53188

☎ 262-785-0445 ext. 4516  
☎ 262-785-0838  
@ terry@wicpa.org

The approval process requires at least 30 days. For more information about the Wisconsin Institute of CPAs, visit [www.wicpa.org](http://www.wicpa.org).