



LOYALTY PARTNER PROGRAM

APPLICATION / REGISTRATION FORM

Please complete all sections and return to

Sponsors@clubve.com

Applicants Details

Name: _____

Address: _____

Suburb: _____

Postcode: _____

State: _____

Phone: _____

Email: _____

Web Address: _____

Direct all loyalty partner program to your state's admins



a. Premium Partner

- i.* Ability to advertise the business through all the clubs states **main pages**
- ii.* Ability to advertise products and services through all the clubs **buy, sell and swap pages**
- iii.* Admin monthly Scheduled "SPECIALS" posted to the clubs main and buy, sell and swap pages. Copy to be supplied

b. National

- i.* Ability to advertise the business through all the clubs states **main pages**
- ii.* Ability to advertise products and services through all the clubs **buy, sell and swap pages**

c. State

- i.* Ability to advertise the business through the business state of incorporation **main page**
- ii.* Ability to advertise products and services through the business state of incorporation **buy, sell and swap page**

d. Member Partner

- i.* A single business post in the Clubs "Official Members Page" along with your business inclusion in the loyalty partner programs national list

2) Fees

- a. Premium Partner
- b. National Business membership = \$350.00 per annum
- c. State = \$175.00 per annum

Please select from one of the loyalty programs Below.			
1	Premium Partner	\$550.	Yes/No
2	National Partner	\$350.	Yes/No
3	State Partner	\$175.	Yes/No
4	Member Partner	\$FREE	Yes/No

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Business Details

Business Name: _____

Business Trading Name (if different) _____

Circle which of the following best describes your business.

- 1) Sole Trader
- 2) Partnership
- 3) Company Other (Details)

ABN or ACN Number : _____

State of registration: _____

Business Address: _____

Suburb: _____

Postcode: _____

Phone: _____

Email: _____

Web Address: _____

Email: _____

Business Insurer Name _____ (please attach a current certificate of insurance)

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Goods or Services to be offered by your company

Please List

Discount Percentage to be given to members is (Please Detail)

Fixed Price for service or Product (Please Detail)

Other Offers (Please List)

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By signing this application form I the applicant acknowledge and agree that I have read, understood and agree to abide by the loyalty partner programs terms and conditions.

Applicant Signature

Loyalty Program Manager

Date:

Date:

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