



# Affiliate Program

## APPLICATION

Company Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

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

Additional Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Brief description of products or services that your company provides to the life insurance industry. This description will be posted online and used in special flyers. (Use separate sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State your main reason for joining the ACLI Affiliate Program. (Check all that apply)

☐ To receive NewsNow daily and the Life Fact Book

☐ Visibility in industry

☐ Networking with industry executives

☐ Receive discounts on registration

☐ Other

Who is your target audience?

\_\_\_\_\_

What are one or two speaking topics your company would like to be considered for an ACLI event?

\_\_\_\_\_

\_\_\_\_\_

**Please provide the point person to facilitate the affiliate benefits.**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Indicate the contact information of the person who should receive the daily electronic newsletter News Now.**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

☐ Enclosed is a check made payable to American Council of Life Insurers for the amount of \$ 5,000.

☐ If paying by credit card, please complete this section and fax to: (202) 624-2425 or send it to Geneva Barber at [GenevaBarber@acli.com](mailto:GenevaBarber@acli.com).

*Payments may appear as ACLI Dues or American Council of Life Insurers on your statement.*

\_\_\_\_\_ American Express \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Diners \_\_\_\_\_ Discover

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

Signature: \_\_\_\_\_

Name on Card: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
**Affiliate Representative Signature**

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

\_\_\_\_\_  
**ACLI Representative Signature**

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

All affiliates are granted on a first-come basis; company should submit the applicable fee with the signed enrollment form. Participants enjoy the applicable benefits as listed on the prospectus. Once ACLI has received a signed enrollment form and payment, a copy signed by an ACLI representative will be returned to you.

The benefits shall be effective for twelve months, beginning with the first day of the month after the date the ACLI representative's signature on this document. If you have questions, contact:

Linda H. Cunningham, Vice President, Conference Development, ACLI at [lindacunningham@acli.com](mailto:lindacunningham@acli.com) or 202-624-2405.

**Return to:**

American Council of Life Insurers  
Attn: Linda H. Cunningham, Vice President, Conference Development  
101 Constitution Avenue, NW, Suite 700  
Washington, D.C. 20001  
Phone: 202-624-2405  
Fax: 202-624-2425  
Email: [lindacunningham@acli.com](mailto:lindacunningham@acli.com)

As of 10/6/15