



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: _____

If paying by wire transfer, please contact Genevabarber@acli.com for additional information.

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 send it to Geneva Barber at GenevaBarber@acli.com. **A credit card processing fee of 3.95% will be added for credit card charges**

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:

Elizabeth Cookson, Assistant Vice President, Conference Development, ACLI at elizabethcookson@acli.com or 202-624-2114.

Return to: American Council of Life Insurers
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