

# Partner Membership Program



Company Name:	
CFA Company Rep:	
Title:	
Address:	
City, State, Zip:	
Phone:	Fax:
Email:	Company Website:
Please submit a 50-word or less description of your company, including the product(s) and or service(s) you will offer our members:	
<p><b>Your annual investment of \$500 earns your company:</b></p> <ul style="list-style-type: none"> <li>• Access to the CFA board of directors list.</li> <li>• Inclusion of company name, logo, website link and brief description on CFA website (www.thecfainc.com).</li> <li>• Access to CFA association member meeting dates.</li> <li>• Inclusion of company description and contact information in materials for CFA quarterly board meetings.</li> <li>• Invitation to sponsor a board meeting (<i>see details</i>).</li> <li>• Recognition throughout the year as a CFA Partner Member.</li> </ul>	<p><b>Board Sponsorship*: \$3,000-\$3,500</b></p> <p>Sponsorship of one CFA board of directors meeting, including 30 minutes on agenda for up to two attendees.</p> <p><input type="checkbox"/> Break                      \$3,000</p> <p><input type="checkbox"/> Morning Coffee      \$3,000</p> <p><input type="checkbox"/> Lunch                         \$3,500</p> <p><input type="checkbox"/> Dinner                        \$3,500</p> <p><small>*Must be a partner member to be eligible.</small></p>
<p><b>Your company will also be eligible for all services currently offered to franchisee members, including:</b></p> <ul style="list-style-type: none"> <li>• Health+ group health care coverage</li> <li>• Business insurance services</li> <li>• Payroll processing services</li> <li>• Paycard services</li> </ul>	<p><b>For more information: Jeff Reynolds</b>                  ph: 678-797-5160   fax: 678-797-5170                  email: jeffr@thecfainc.com</p> <p>CFA, Inc.                  Partner Membership Program                  1701 Barrett Lakes Blvd. NW, Suite 180                  Kennesaw, GA 30144</p>
<input type="checkbox"/> Check <input type="checkbox"/> Invoice Me <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	
Billing Address:	Authorized Purchase Amount: \$
City, State, Zip:	Expiration Date:
Credit Card Number:	CVV Code:
Signature:	Date:
<p>By signing the CFA Partner Membership Application, Applicant agrees to abide by the CFA's rules and regulations and use CFA membership information in strict confidentiality. At no time is a Partner Member allowed to share or sell CFA client information to anyone. Such behavior will result in revocation of CFA Partner Membership. Solicitation for services that directly conflict with services provided by CFA will result in revocation of CFA Partner Membership. CFA, at its sole discretion, reserves the right to refuse membership and/or cancel membership at any time. Membership in this program does not imply endorsement by the CFA or any of its member associations in any way and partners are not to represent themselves as such at any time. The Partner Membership Program renews on Jan. 1.</p> <p>Payment is due within 30 days of receipt of invoice unless other payment arrangements have been set up with CFA approval.</p>	