my Better Benefits

APPLICATION FOR VENDOR MEMBERSHIP

Vendors agree to:

- Agree to provide discount for at least one year (requires senior management approval);
- Offer a significant discount than that typically offered to the general public;
- Practice good ethical business standards;
- Contact members through the organization's guidelines;
- Re-negotiate "discount" periodically as appropriate;
- Not offer a similar savings or discount through any other membership organization within a 50 mile radius of Rochester;
- Pay an annual membership fee;
- Participate in surveys, mailings or phone inquiries by BBC office regarding member usage;

Benefits to vendors:

- Increased Sales via access to more than 300 participating companies and their 300,000+ employees;
- Listing on the mBB web site;

PLEASE PRINT OR TYPE

- Regular mention in the mBB newsletter (read by more than 26,000+ each week);
- Occasional solicitations directly to mBB members;
- mBB Membership Directory (additional cost);
- Opportunities to develop joint ventures with other mBB vendors to promote your products/services;
- Additional opportunities to promote product/service in the mBB newsletter or web site;
- Web link availability to the mBB web-site;
- For company dues paying members (additional cost), benefits of general membership for your own employees

City: _____ State: ____ Zip Code: _____

Parent Company: ____ (If Applicable)

Company Web-Site Address:

Your company should designate *at least one* representative to the mBB. This representative will be the individual to whom all e-mail, mail, etc., from the mBB will be sent and is usually the person within your organization who has direct responsibility for your program (marketing, sales, etc.)

YOUR REPRESENTATIVE WILL BE:

Name:	Title:	
Telephone:	_Fax:	E Mail:
A backup is always good to have	for when the primary rep is ou	at of the office:
Backup name:		Title:
Telephone:	_Fax:	E Mail:

YOUR REPRESENTATIVE(s) REPORTS TO:

Name:		Title:	
Telephone:	Fax:	E Mail:	
		YOUR CEO IS:	
Name:		Title:	
Please share with us a I	ittle more about your com	npany:	
Number of employees:	Year your	company/organization began:	
Type of Product or Serv	rice Offered (in other word	ds, tell us a bit more about your	r company):
needs to be substantial	enough to drive business		e discount on your product or service but in t, if not the best, discount you offer in y)
Do you offer this discou	nt to other companies? If	yes explain YES NO	<u> </u>
How will our members to office, self identification	ake advantage of your dis by mBB members, mem	scount? (e.g. web-site coupons nbership card etc. PLEASE B	s, discount tickets through the mBB SE SPECIFIC!

If you were referred to mBB by a current member, please tell us their name and the business they represent. We offer a referral reward to all mBB members who help us recruit other new members to the association.

<u>REFERENCES</u>		
Please list a reference (preferably customers y organization.	ou offer similar products/services to) so we can learn m	ore about your
Company:		
Address:		
Contact:	Phone:	
,	nembership costs are half that of similar organizations! http://www.mybetterbenefits.org/membership.htm#VEND	
Vendor Membership		
Not-for-profit vendor membership		
a-la carte offerings		
Company Membership Directory	\$ 60 (annual lease usage)	
all mBB member companies includes: current mB	rectory is also available to vendors who purchase it. This me BB representative contact name, # of employees, address, tel ner Microsoft Access or Excel. Updates are sent regularly thro	ephone, fax & E-mai
Please accept this application and contract for outlined in this application during my association	vendor membership in mBB. I agree to the guidelines to on with the mBB.	that have been
This application requires the signature of a	a company's Owner, President/CEO, or Authorized B	ranch Manager
Representative's Signature	 Date	
· -		
Owner, President/CEO Signature	Date	

My Better Benefits 395 Garnsey Rd. Pittsford, NY 14534-4543

Payment may be submitted with the application or we will invoice you, net 15.

(585) 713-3370 FAX (206) 600-3042 betterbenefitsclub@rochester.rr.com