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;
- 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

PLEASE PRINT OR TYPE

Company:			
Address:			
City:	State:	Zip Code:	_
Parent Company:			
Company Web-Site Address:		Applicable)	

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:	Fax: E Mail:			
A backup is always good	d to have for when the prin	nary rep is out of the office:			
Backup name:		Title:			
Telephone:	Fax:	E Mail:			

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YOUR REPRESENTATIVE(s) REPORTS TO:

Name:		Title:	
Telephone:	Fax:	E Mail:	
		YOUR CEO IS:	
Name:		Title:	
Please share with us a l	little more about your cor	npany:	
Number of employees:	Year you	company/organization began:	
Type of Product or Serv	vice Offered (in other wor	ds, tell us a bit more about your c	ompany):
needs to be substantial	enough to drive business	-	iscount on your product or service but it f not the best, discount you offer in
Do you offer this discou	int to other companies? If	yes explain YES NO	-
		scount? (e.g. web-site coupons, nbership card etc. <i>PLEASE BE</i>	discount tickets through the mBB 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.

REFERENCES

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Please list a reference (preferably customers you offer similar products/services to) so we can learn more about your organization.

Company:		
Address:		
Contact:	Phone:	

Membership levels (please select one) - our membership costs are half that of similar organizations! Please see our web site for current membership cost levels (<u>http://www.mybetterbenefits.org/membership.htm#VENDORS</u>)

Vendor Membership		
Not-for-profit vendor membership		
a carte offerings		
Company Membership Directory	\$ 60	(annual lease usage)

In addition to your vendor dues, a Company Directory is also available to vendors who purchase it. This membership directory of all mBB member companies includes: current mBB representative contact name, # of employees, address, telephone, fax & E-mail addresses. The file is available electronically in either Microsoft Access or Excel. Updates are sent regularly throughout the year.

Please accept this application and contract for vendor membership in mBB. I agree to the guidelines that have been outlined in this application during my association with the mBB.

This application requires the signature of a company's Owner, President/CEO, or Authorized Branch Manager

Representative's Signature

Date

Owner, President/CEO Signature

Date

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

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