

Solidarity Place: 10451 -170 Street, NW
Edmonton, Alberta, Canada T5P 4S7
Telephone: (780) 930-3300, 1-800-232-7284 (press 1)
Fax: (780) 930-3392, 1-888-388-2873 www.aupe.org

**RE: APPLICATION FOR INCLUSION IN AUPE'S
MEMBERSHIP DISCOUNT PROGRAM - 2018**

Please find attached an application form for your company to be a part of AUPE's Member Discount Program. Please fill out the form in its entirety.

We are interested in vendors who offer a specific discount to AUPE members (15% discount at a minimum). We are looking for discounts that are advantageous to AUPE members and **not available to the general public**. We feel that a good discount directed at AUPE members will be utilized more, which will mean more business for you!

Applications will only be reviewed at quarterly meetings. You will be notified of your approval or denial to our program within two weeks of the meeting date.

If you have any questions please call Michelle Fallis at 780-930-3300 during business hours or by email at m.fallis@aupe.org.

Thank you for your interest in AUPE's Membership Discount Program offered to our 90,000+ union members and their families.

If you are accepted into the program, you will be contacted on an annual basis to confirm your continued interest in renewing with our program.

In solidarity,

Karen Weiers, Vice President
Chair, Membership Services Committee

KW/mf/Unifor 880



Discount Program Application Form 2018
Minimum requirement for discount listing acceptance is 15%

Company Name:	
Mailing Address: (include city and postal code)	
Contact Person:	E-Mail:
Phone:	Cell:
Toll Free:	Website:
Please indicate all location(s) where your discount is valid, as well as a detailed description of the discount being offered.	
Offer Applies To: <input type="checkbox"/> AUPE Members and AUPE Staff (this includes all AUPE members and all staff that work for AUPE). <input type="checkbox"/> Check this box if you would like this discount to apply to AUPE members, their immediate family members and staff and their immediate family members.	I.D. Required for Discount: <input type="checkbox"/> AUPE Union Membership Card <input type="checkbox"/> Other (please indicate) _____
** All discounts expire December 31, 2018 **	

IF APPROVED, this document will serve as a binding contract between our company (as listed above), and AUPE for the term ending December 31, 2018. There will be **no** changes to your discount listed on our website during that period, notwithstanding minor changes such as contact person, address, phone number etc. AUPE reserves the right to unilaterally cancel this contract and remove your business from the discount program at any time during the contract period for any reason, without notice or penalty.

For Internal Use Only:

 On behalf of authorized company representative

 Accepted or Denied by Committee

Please print name: _____

Date: _____

Date: _____

Vendor Notified Date: _____

Posted to Website Date: _____