



Discount Program Application Form 2021 - 2022
Minimum requirement for discount listing acceptance is 15%

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|---|--|
| 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, 2022 ** | |

IF APPROVED, this document will serve as a binding contract between our company (as listed above), and AUPE for the term ending **December 31, 2022**. 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: _____