



Thank you for your interest in AUPE’s Membership Discount Program, we look forward to a possible partnership with you.

If you are looking to access our 95,000+ union members, staff, and their families and offer a specific discount (15% discount at a minimum) we hope a partnership and advertisement will allow for increased business for your company while supporting our members.

If interested in joining our program, please review our application form and complete it in its entirety. Applications are reviewed quarterly, and we will follow up with your application after this time. If selected, we will also reach out to you every two years on your renewal interest.

If you have any questions, please reach out to Giselle Guido at 1-800-232-7284 or g.guido@aupe.org

Discount Program Application Form

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 are valid for a 2-year term **	



IF APPROVED, this document will serve as a binding contract between our company (as listed above), and AUPE for the term ending **two years after date of approval**. 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.

PLEASE NOTE – USE OF THE AUPE LOGO IS STRICTLY PROHIBITED UNLESS APPROVED

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: _____