



BUSINESS PARTNER PROGRAM

An Associate Member can become a Business Partner of AMC Institute by entering into a business agreement that provides special financial benefits to AMC Institute members for your services/product. In addition, this agreement would outline a percentage of your sales revenue (directly resulting from AMC Institute business) that would come to AMC Institute as a royalty detailed in a report quarterly to AMC Institute. This agreement will be one year in duration with the option to extend on the anniversary date of its approval. This partnership must provide (at a minimum) \$1,250 value to AMC Institute within the year of the agreement. The Chairs of the Membership Task Force and the Associate Member Task Force must approve any Business Partner proposal submitted to AMC Institute prior to its formal approval by the Board of Directors. A letter of reference from an AMC Institute Active Member is required to accompany each Business Partner application.

Benefits of the Business Partner Program include:

- Upon the Board approval of the Business Partner application, an announcement of the new partnership will be included in the next E-newsletter.
- The Business Partner is added to the template of the E-newsletter on the side bar.
- The Business Partner is added to the Members Only portion of the website under Vendor Business Partners.
- A Business Partner flyer, with the logo of each Business Partner, is handed out at AMC Institute meetings.
- The website links which feature the Business Partners are included in the Prospective Associate Member email as well as the email sent to welcome new Associate Members.
- Business Partners are able to put promotional literature in registration packets at AMC Institute Meetings.

Please complete the form below, noting any necessary attachments. Submissions should be sent to:

Erin Carter
Associate Executive Director
700 N. Fairfax St. Ste. 510
Alexandria, VA 22314
P: 571-527-3108 ext. 132 | F: 571-527-3105
ecarter@amcinstitute.org

REPRESENTATIVE TO AMC INSTITUTE - CONTACT INFORMATION

Company Name: _____
Representative to AMC Institute: _____ Title: _____
Address: _____
City: _____ ST: _____ Zip Code: _____
Province: _____ Country: _____
Phone: _____ Fax: _____
Email: _____ Web Address: _____

