

## Guild Rewards Program - Enrollment Application

Name of Organization: \_\_\_\_\_

Organization Street Address\*: \_\_\_\_\_

\_\_\_\_\_

City State Zip Code

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Organization E-mail Address (Please Print): \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

### PRIMARY CONTACT PERSON:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact Mailing Address\*\*: \_\_\_\_\_

\_\_\_\_\_

City State Zip Code

Daytime Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
(Please Print)

Choose address for all program communication; including Rewards checks (choose one):

\*Organization STREET address  \*\*Contact MAILING address

### Please read, initial and follow the instructions below:

\_\_\_\_\_ I have attached a copy of my organizations documentation of verification. Documentation of verification can be: Copy of IRS letter of determination, copy of organizations bank statement or voided check, copy of Non-Profit certification, copy of bylaws or something else that you have that verifies your organization is legitimate.

Website, Blog or Facebook page URL: \_\_\_\_\_

Please complete, scan and email to: [guilds@woolery.com](mailto:guilds@woolery.com) or complete and mail to the address below.

### Please sign and date below

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_