



Program Administrators Association

Please return to:

Target Markets, Inc.

3411 Silverside Rd., Baynard Bldg. Ste. 100, Wilmington, DE 19810
Phone: (302) 268-1010 Fax: (877) 892-4437 www.targetmktms.com

VENDOR PARTNER MEMBERSHIP APPLICATION

General Information About The Vendor

- 1. Company Name:
Street Address:
City: State: Zip:
2. Primary Contact Name:
Phone ( ) Fax ( ) Email
3. If the Company currently has a web-site, please provide the address:
4. Please list the names and telephone numbers of those company representatives most likely to participate in Association activities (attach additional sheets if necessary):
a. Name Phone ( )
Email Fax ( )
b. Name Phone ( )
Email Fax ( )
c. Name Phone ( )
Email Fax ( )

General Information About The Vendor's Product and/or Services

- 1. Please describe the product and/or service you wish to promote within the Association membership (attach marketing brochures, product descriptions, and additional sheets as necessary).
2. How does your company's product/service specifically benefit Program Administrators?
3. List 3 highlights of your product/service that differentiates itself from others in the marketplace.
a.
b.
c.
4. List 3 agencies for whom you have provided your product or service. Preference is for TMPAA members.

Table with 3 columns: COMPANY, CONTACT PERSON, PRODUCT/SERVICE PROVIDED. Rows for First, Second, and Third Company.

- 5. What preferred or discounted services would you be willing to offer Target Market members?

6. How many clients do you currently have? \_\_\_\_\_

7. What percentage of your company's employee base is dedicated to servicing your clients? \_\_\_\_\_ %

**About Your Involvement In Target Markets**

1. The Association strives to provide its Institutional Partners with significant benefit. Which aspects interest you the most?

- Meeting agencies involved in Program Business
- Presenting your company's capabilities to Program Administrators
- Learning new marketing techniques or exploring different distribution methodologies
- Other (Please Specify): \_\_\_\_\_
- Participating in the Annual Target Markets Summit
- Networking with other Vendors and Insurance Companies
- Reviewing technological innovations with Program Business applications

2. Would you be interested in serving on one of the following Association committees?

- Membership
- National Meeting
- Institutional Partners (Vendors only)
- Cross-Sell
- Communications
- Systems and Technology
- Association Board of Directors
- Awards
- Other area(s) that warrant special attention: \_\_\_\_\_

3. What are the top three benefits you would expect to derive from your first full year of membership?

NOTE: Your response will serve as the basis of an annual interview/assessment with the Association's Executive Director.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**I UNDERSTAND THAT THE APPLICATION MUST BE FAVORABLY CONSIDERED BY THE MEMBERSHIP COMMITTEE BEFORE THE APPLICANT CAN PARTICIPATE IN THE ASSOCIATION. THE APPLICATION FEE OF \$5,000 SHOULD ACCOMPANY THIS DOCUMENT. VENDOR WILL BE INVOICED YEARLY ON THE ANNIVERSARY DATE FOR A RENEWAL FEE OF \$5,000. REGISTRATION AND TRADE SHOW TABLE FEES ARE NOT INCLUDED IN ANNUAL MEMBERSHIP DUES.**

**BY EXECUTION HEREOF, THE UNDERSIGNED CERTIFIES: (1) QUALIFICATION FOR ACTIVE MEMBERSHIP AS SET FORTH IN THE BY-LAWS; (2) THAT THE UNDERSIGNED WILL ABIDE BY THE TARGET MARKET ASSOCIATION BY-LAWS AS THEY MAY BE AMENDED FROM TIME TO TIME; AND (3) THAT THE UNDERSIGNED IS NOT AWARE OF ANY REASON WHY THE LETTER AND SPIRIT OF THE ASSOCIATION BY-LAWS CANNOT BE STRICTLY OBSERVED.**

**PAYMENT OPTIONS** A  Check For Full Amount Due, Payable to: **Target Markets**

B  **Credit Card**  VISA  MasterCard  AMEX

\_\_\_\_\_ CREDIT CARD NUMBER

\_\_\_\_\_ EXP DATE

Print Name as \_\_\_\_\_  
Appears on \_\_\_\_\_  
Credit Card \_\_\_\_\_

Applicant's  
Authorized  
Signature \_\_\_\_\_

Date \_\_\_\_\_