



AFFILIATE PROGRAM PARTNER FORM

To become a partner in our Affiliate Program you must be a non-profit organization and submit this form.
You may also mail, fax or email the form to:

839 Zehner Road
Indiana, PA
Phone: 724-465-6840
Fax: 724-465-6212
Email: info@goodpawsgoodcause.org

Group/Company/Organization Name: _____

Contact Name: _____ Title: _____

Exemption or Entity ID #: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Second/Personal Email Address: _____

Website Address: _____

Comments:

____ YES, I AGREE to the Good Paws Good Cause Affiliate Partner Program Terms & Conditions.

Signature: _____ Date: _____

Who should commission checks be made payable to? _____