



Affinity Partner Program Application

To be considered for ASTRA's Affinity Partner Program, companies must meet the following criteria:

- Must be an ASTRA affiliate member, or join as an affiliate member upon acceptance into the program.
- Submit a completed application.
- Upon acceptance, sign the ASTRA Affinity Agreement to initiate the program.

www.astratoy.org

432 N. Clark, Ste 305, Chicago, IL 60654

(312) 222-0984



Affinity Partner Program Application

Contact Information

Company Name	
Street Address	
Website	
Primary Contact Name	
Email Address	
Phone Number	

Company Overview

Please describe the products or services you are offering ASTRA members.

What solution does your product or service provide to our members?

What is the non-discounted value, price, or pricing?

How long has your company been in business?

Who is your target audience?

ASTRA Member Offer

ASTRA membership includes retailers, sales representatives, and manufacturers of the specialty toy industry. Which of these member types are you targeting with your offer? How are you customizing your offer to meet the needs of ASTRA members?

What special pricing are you offering ASTRA members?

Can your product or service be purchased at this special price elsewhere? If yes, where?

Is this price available to all members, including those that are already using your product or service?

How would members purchase your product or service? Please include discount code or ordering information.

Reporting

We require our Affinity Program Partners to provide quarterly reports to track the success of the program. Please provide a sample progress report detailing the metrics used to gauge success. (To be attached to application)

What metrics do you use to evaluate whether your program is successful?

Are you offering ASTRA a percentage of sales or fixed amount per subscriber? What is the calculation/amount?

References

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Please provide two references from associations or clients with business models similar to ASTRA's that are currently using your service or product.

Reference Name	Employer/Title	Email Address	Phone Number

Signature

I have read and agree to the terms outlined in the Affinity Partner Program Agreement.

Signature: _____ Date: _____

- I understand that if chose to be an Affinity Partner, there is an additional program cost of \$250 for marketing the company's services to ASTRA's membership.