



GROOVE PHI GROOVE SOCIAL FELLOWSHIP, INC.®
P.O. Box 8337 • SILVER SPRING, MARYLAND 20907-8337



VENDOR APPLICATION FORM

This form must be completed by individual members, affiliate chapters or others requesting authorization to sell Groove Phi Groove® paraphernalia products or those who wish to sell products and/or services at a National event. This application and appropriate fee must be sent to the National Office. The status of applications will be communicated to vendors within two weeks following receipt of this application and fee by the National Office. All payments must be made by money order, check or charge card (MasterCard® or VISA® only). **Do Not Mail Cash.**

PLEASE TYPE OR PRINT CLEARLY

A. VENDOR INFORMATION:

Company/Vendor Name _____ Date _____

Last Name _____ First Name _____ M.I. _____

Street Address _____ Apartment Number _____

City _____ State _____ Zip Code _____

B. TYPE OF VENDOR: (check appropriate category)

- | | VENDOR FEE |
|--|------------|
| <input type="checkbox"/> Financial Undergraduate Chapter | \$150.00 |
| <input type="checkbox"/> Financial Graduate Chapter..... | \$150.00 |
| <input type="checkbox"/> Financial Member..... | \$200.00 |
| <input type="checkbox"/> All Other Vendors..... | \$275.00 |

Area Code _____ Phone Number _____

C. TYPE OF PRODUCT/SERVICE: (check appropriate category)

- Groove Phi Groove® Paraphernalia Product/
 Service

Products that include the shield or name Groove Social Fellowship, Inc.®, Groove Phi Groove®, or GΦG® must comply with the Fellowship's U.S. Patent & Trademark Registrations.

D. DESCRIPTION OF PRODUCT/SERVICE:

E. METHOD OF PAYMENT: (Check Appropriate Category)

- Money Order or Check Enclosed Cash
- MasterCard® VISA® Charge Account Amount Enclosed \$ _____

Cardholder's Name (As it appears on the charge card) _____ Account Number (As it appears on the charge card) _____

Cardholder's Signature _____ Date _____ Card Expiration Date _____