



**INTERNATIONAL
FOUNDATION FOR
PROTECTION OFFICERS**
Knowledge to Protect

IFPO AFFILIATE PROGRAM APPLICATION

Earn money promoting the goals and objectives of the IFPO,
by generating enrollment into the IFPO educational offerings and/or
Membership participation.

Join the IFPO's Affiliate Program

Affiliates earn 10% on their sales. IFPO will provide the tools so that you can succeed.

IFPO AFFILIATE PROGRAM APPLICATION FORM

This application for joining the IFPO Affiliate Program must be signed and submitted with the appropriate information in order to be considered complete. All candidates applying for Affiliate Status must fill out all sections of this form. DO NOT USE PENCIL TO COMPLETE THIS APPLICATION. Results of this application will be emailed or mailed directly to the candidate.

Part One:

1. Full Name: _____

2. Title: _____

3. Company: _____

4a. Business Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____

4b. Residential Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____

5. Preferred Address (Business or Residential): _____

Part Two:

1. Length of time in Security/Law Enforcement/Military: _____

2. What security-related organization(s) are you a member of?

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

3. What certifications do you currently hold?

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

4. What are your goals and objectives for becoming an IFPO Affiliate?

5. How do you intend to promote & generate IFPO Memberships and Program enrollment?

6. What promotional tools would you like to request in order for you to proceed as an IFPO Affiliate?

7. Will you be recruiting candidates from inside your organization? ___ Yes or ___ No

If Yes, explain how:

8. Will you be recruiting candidates from outside of your organization? ___ Yes or ___ No

If Yes, explain how:

IFPO CONTACT INFORMATION

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