

NON-PROFIT ORGANIZATION APPLICATION



Please allow up to 72 hours for approval. Upon approval a confirmation e-mails will be sent advising that the Non-Profit is active in our system.

Please fax the completed form to (954) 568-0851 Attention: JavaFit Gives Back.

Please Complete All Required New Affiliate Information

NON-PROFIT ORGANIZATION INFORMATION (Please Print)

_____		_____		
Organization Name		Contact Name		
_____		_____	_____	_____
Address (NO PO Boxes)		City	State	Zip Code
_____		_____	_____	
Business/Contact Phone	Website Address	Email Address		

Sponsorship and Placement Information

Sponsor's Name and Affiliate Number: _____

Affiliate Name and Number to be placed under: _____

Please check the box to indicate which side of the New Affiliate is to be placed under:

Left Leg

Right Leg

Non-Profit Information

Affiliate Agreement

****PLEASE ATTACH THE FOLLOWING DOCUMENTATION****

1. Articles of Incorporation and Form 501c3(if applicable)
2. Other supporting documentation and marketing Information that you wish to include in the evaluation process.

I understand and agree to abide by the policies and procedures set forth by JavaFit and/or its affiliate companies. By signing this form I state that the above and attached information is true and correct and not falsified in any manner.

Print Name

Signature

Date