WFS PREFERRED MEMBERS SUBSCRIPTION APPLICATION
Please complete the information below.
Name D.O.B
SSN/SIN (Optional)
AddressCityState/Prov
Zip/P.Code Home Tel Work Tel Fax Tel Other Tel. (specify) Email Address: Website:
Home Tel. Work Tel.
Fax Tel. Other Tel. (specify)
Email Address: Website:
Drivers License:
I am [] unemployed { } self-employed [] employed [] retired Employer
Address How long there? Years months.
How long there? Years months.
My residence is [] owned [] rented
I have been at my present address for yearsmonths. I am [] single [] married [] separated [] divorced [] widowed
Prepay and Drive Away – No Credit Card Required Car Rentals Division: [] Yes, I wish to pre-qualify for WFS Preferred Membership: 1. [] One year: \$199.00. 2. [] Single use: \$40.00. Vehicle Required: Economy/Compact IntermediateStandardFullsize Premium Other Time required: Payment method All terms and conditions of the targeted Service Providers will become an integral part of the Membership
Agreement. Participation Division Windows of Opportunity: Funds available for Participation \$ (US/CDN) Specific Participation Interest:
FUNDING REQUESTS DIVISION: (Borrowers) [] Yes, I wish to submit my Funding Request to WFS Consultants funding /Resource Partners. Funding Request: \$Purpose:
Executive Summary Attached: (Y/N)
REFERRAL INCOME DIVISION. (Referrals Compensated.) []Yes, I am interested in referring participants as a Referral Coordinator (RCP). DATE SIGNATURE Scan Document and Email to wfs1010@yahoo.com for Pre-qualification.
Referred by: RC #
Date:
OFFICE USE ONLY:
RC#PROCESSED
RC#PROCESSED PREQUALIFIEDREFERRED TO
REJECTEDFILE CLOSED
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