

# VETERAN FAMILY NETWORK

## Independent Sales Representative Application

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State Zip Code

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

SSN# / EIN#: \_\_\_\_\_ D.O.B. : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you a U.S. citizen?  Yes  No

Tell us about your sales experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Military Affiliation: (Check all that apply.)  Active Duty Military  Veteran

Relative of Service Member  Supporter of the Military Community

By submitting this application, the applicant authorizes the Veteran Family Network to perform a new employee background check. All information will be kept confidential between the applicant and VFN. The applicant acknowledges that when approved as an Independent Sales Representative for the Veteran Family Network, the applicant will pay a \$125.00 Annual Representative Fee that will provide the Representative with a VFN Membership, startup sales materials, and training.

Once this application has been received and approved, the applicant will be contacted to pay the Annual Representative Fee and be assigned a Rep ID Number.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Card Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Sponsoring ISR Name: \_\_\_\_\_ ID: \_\_\_\_\_

Mail Application To: Veteran Family Network 12101 N MacArthur Blvd, Suite 500, Oklahoma City, OK 73162

Fax Application To: (866) 848-0750

Scan and E-mail To: [application@veteranfamilynetwork.com](mailto:application@veteranfamilynetwork.com)