



San Joaquin Delta College
Associated Student Body Government
Student ID Discount Program
Application

SECTION 1

A. BUSINESS NAME: _____

B. MANAGER/OWNER: _____

C. CONTACT NUMBER: (____) _____ -- _____

FAX: (____) _____ -- _____

D. BUSINESS ADDRESS: _____

SECTION 2

A. TYPE OF BUSINESS (Check one of the following):

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Food |
| <input type="checkbox"/> Beauty (Salon/Supply) | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Department Store | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Toys |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Flowers | |

SECTION 3

A. DISCOUNT DESCRIPTION

B. DISCOUNT VALUE \$ _____ - _____ or % _____

C. PLEASE CHECK ALL YEARS THAT APPLY FOR LENGTH OF AGREEMENT:

- 2006-2007 2006-2008 OTHER: _____



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AGREEMENT FORM

BUSINESS OWNER/MANAGER AGREEMENT

As the business owner/manager of _____, I understand by signing this agreement requires that I uphold the discount made available throughout a partnership with the San Joaquin Delta College Associated Student Body Government.

BUSINESS OWNER/MANAGER

Signature _____ Date _____

ASBG PRESIDENT

Signature _____ Date _____

SENATOR OF STUDENT BODY ID CARDS

Signature _____ Date _____

ASBG SUPERVISOR

Signature _____ Date _____

Student ID Discount Program
Sticker's photo-copy sample



This sticker can be posted
on glass window

This sticker can be posted
anywhere
-most vendors post them on
the front desk (cash register)

