

**Affiliate Information**

**Branch Affiliate**       **Regional Affiliate**

Superv. Reg. Affil: \_\_\_\_\_

Superv. Br. Affil: \_\_\_\_\_

**Personal Information**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

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

\_\_\_\_\_ *City* *State* *ZIP Code*

Office Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

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

Social Security Number or Government ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Spouse Name, if any: \_\_\_\_\_

Office Address, if not home office: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Spouse's Work Phone: ( ) \_\_\_\_\_

**(For Quest Office Use)**

Date Affiliate Agreement Signed: \_\_\_\_\_ Region/Mgr: \_\_\_\_\_

Quest Mentor: \_\_\_\_\_ Mentor Phone: \_\_\_\_\_

W-9 Obtained? \_\_\_\_\_ Mentor E-mail Address: \_\_\_\_\_

Background Check?: ( Date & approval ) \_\_\_\_\_ Date Certified: \_\_\_\_\_

Termination Date: \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

**Reference Information**

Full Name: \_\_\_\_\_  
*Last* *First* *Contact by Phone/Mail/Email*

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

\_\_\_\_\_ *City* *State* *ZIP Code*

Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to Affiliate: \_\_\_\_\_

Notes from contact with reference (Quest Use): \_\_\_\_\_