

## DISTRIBUTOR MEMBERSHIP APPLICATION

(Please Type or Print)

Name		
Company(s) affiliated with:		
Home Address		_
City	State	Zip
Phone ( )	Fax ( )	<u>-</u>
Fax On Demand ( ) email _		_ Web Site
Mailing Address (If different from above)		
Your membership entitles you to 1 vote - You may sit on a Council and/ or Board of Directors		
I hereby apply for membership in Multi-Level Marketing International Association (MLMIA). I understand that to be accepted for active membership I agree that I (a) will operate in a professional manner with high moral standards (b) will subscribe to and uphold the principles and ethics prescribed by the Association and (c) will continually strive to meet all requirements and standards established by the Association. I understand that to remain a member in good standing my membership must be renewed annually.		
Signature		Date
<ul> <li>☐ Annual Dues for United States residents. Total \$ 65.00</li> <li>☐ Annual Dues outside of U.S. Total \$100.00</li> </ul>		
Please make payable to MLMIA in US (dollars) funds only: Amount \$		
METHOD OF PAYMENT: Please (X) one  Check/Money Order  MasterCard  MasterCard  AmExp		
Print name as it appears on card		
Credit Card Number	Expiration D	ate
Signature	 Dat	e
OFFICE USE EXQB MS D	J ECD	2001