



SUPPORT MEMBERSHIP APPLICATION

(Please Type or Print)

Company Name _____

President/CEO _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Fax On Demand () _____ email _____ Web Site _____

Mailing Address (If different from above) _____

Your company is entitled to 1 additional officer/staff representatives - Company representatives may vote/hold office.

Representative _____ Title _____

SUPPORT MEMBERSHIP DUES

Under \$250,000.00 in yearly industry billing \$ 500.00

Between \$250,000.00 and \$500,000.00 in yearly industry billing \$ 750.00

Over \$500,000.00 in yearly industry billing \$ 1,000.00

Check - payable to MLMIA **Mail to** → 119 Stanford Court – Irvine, CA 92612

Visa MasterCard American Express **Fax** → (949) 854 7687

Credit Card Number _____ Expiration Date _____

Print name on credit card _____ Signature _____

We hereby apply for membership in Multi-Level Marketing International Association (MLMIA). We understand that to be accepted for active membership we agree that we (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. We understand that to remain a member in good standing our membership must be renewed annually.

Signature

Date

OFFICE USE

EX ___ QB ___ MS ___ DJ ___ ECD ___

2001