



SUPPORT MEMBERSHIP APPLICATION

(Please Type or Print)

Company Name _____

President/CEO _____

Address _____ City _____

State _____ Zip _____ Phone () _____ Fax () _____

Email _____ Web site _____

Mailing Address (If different from above) _____

WE WERE REFERRED TO MLMIA BY: _____

Your company is entitled to two additional representatives - Only these representatives may vote or hold office. Any member of your company may serve on a council.

Representative _____ Title _____

Representative _____ Title _____

SUPPORT MEMBERSHIP DUES - US Funds

- § *Under \$250,000.00 in yearly industry billing* \$ 600.00
 - § *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
- Payment can be made in 2 installments, 90 days apart.*

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 the 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 the 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 _____

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