



4132 Atlanta Hwy, Suite 110#368 • Loganville, GA. 30052

Toll Free: 877-363-6659 • Fax: 281-840-6941

Email: info@eMembersOnly.com

Member/Associate Application

Please Print

_____		_____		
First Name		Last Name		
_____		_____	_____	_____
Secure Mailing Address		City	State	Zip
_____	_____	_____	_____	_____
Home Phone	_____	Cell Phone	_____	Business Phone
_____	_____	_____	_____	_____
SS# or Fed ID #	_____	DOB (MM/DD/YYYY)	_____	Email Address
_____	_____	_____	_____	_____

Enrollment/Product/Business Package/Service Order (Select one or more)

- | | | |
|--|-------------------------------|---------------|
| <input type="checkbox"/> Member Rewards Savings Card | \$18.95 Monthly | PRODUCT # 300 |
| <input type="checkbox"/> Member Rewards Savings Package | \$39.95 Monthly | PRODUCT # 301 |
| <input type="checkbox"/> Member Advantage Program Package | \$29.95 Monthly | PRODUCT # 401 |
| <input type="checkbox"/> Accidental Death/Dismemberment | \$5.95 Monthly | PRODUCT # 404 |
| <input type="checkbox"/> Personal Website
<i>(For training, purchasing product #503 is recommended)</i> | \$24.95 Monthly | PRODUCT # 600 |
| <input type="checkbox"/> Super Start Saver Package
<i>(Purchase w/Enrollment & Business-in-a-Box)</i> | \$59.95 Monthly | PRODUCT # 200 |
| <input type="checkbox"/> Enrollment & Business-in-a-Box | \$74.95 <i>(One time fee)</i> | PRODUCT # 503 |

Payment Options

(By Check)

Name on Account

Address of Account Holder

City/State/Zip of Account Holder

Bank Name

Bank Address

Bank City State Zip

Bank Account # Bank Routing #

(By Credit Card)

- Visa MC AMEX Discover

Name on Card

Address of Account Holder

City/State/Zip of Account Holder

Card #

_____ / _____

Expiration Date

Please initial to indicate you agree with the statement below.

I agree to accept all communications via email or phone from eMembersOnly until such time I notify Company in writing that I no longer desire to accept all or certain types of communications from Company either by email or phone.

This page of the application is required to be completed for Associate enrollment only.

Sponsor Information

'Sponsor' and 'Placement Sponsor' will not be changed once submitted to eMembersOnly.

Sponsor's First Name

Sponsor's Last Name

Sponsor Associate ID #

Sponsor's Phone #

Sponsor's Email Address

My sponsor has explained that no fee or purchase of products, services, or sales aids is required to become an eMembersOnly Associate. I have also carefully read and agree to be bound by the Terms and Conditions and the Policies and Procedures located on the eMembersOnly website.

Please create your unique name to be inserted into your URL "tag" for your replicated eMembersOnly website. The URL: www.emembersonly.com/yourname, will have your chosen name (or a word) added on the back end of your tag. Please give second/third choices in the event your first choice has already been selected. You will also need to create a password to enter your site. *Please print clearly.*

Replicating URL Tag (6 or more characters)

Second and Third Choice for URL Tag

Password (8 or more characters with a mixture of alpha and numeric)

IMPORTANT – PLEASE READ AND ACKNOWLEDGE

SUBMISSION OF THIS APPLICATION INDICATES YOU, THE APPLICANT, HAVE CAREFULLY READ THIS ENTIRE AGREEMENT AND YOU WILLINGLY ACCEPT ALL OF THE TERMS AND CONDITIONS OF APPLICATION FOR ASSOCIATE ENROLLMENT. A PARTICIPANT IN THIS NETWORK MARKETING PLAN HAS THE RIGHT TO CANCEL AT ANY TIME, REGARDLESS OF REASON. CANCELLATION MUST BE SUBMITTED IN WRITING TO THE COMPANY AT ITS PRINCIPAL BUSINESS ADDRESS 30 DAYS PRIOR TO MONTHLY BUSINESS FEE BEING DISCONTINUED.

Associate _____ Date _____
