

APPLICANT INFORMATION:

First Name	Middle Name / Initial	Last Name	Gender <input type="radio"/> Male <input type="radio"/> Female
Date of Birth (mm/dd/yyyy)	Mobile or home phone	E-mail	
Billing Address	City	State	Zip

ENROLLER INFORMATION:

Enroller name	Enroller ID

SPONSOR (PLACEMENT) INFO:

Sponsor name	Sponsor ID

PRESENTER INFORMATION:

Presenter name	Presenter ID

SELECT YOUR ENROLLMENT PACKAGE:

**Only membership: \$50**  
Not entitled to the compensation plan.  
Annual membership of \$50 USD.

**Express Pack: \$100**  
Access to the compensation plan, except Power Start  
Annual membership of \$25 USD.

**Power Pack: \$300 USD**  
Get all the privileges of the compensation plan. Free membership.

SELECT THE PRODUCTS OF YOUR ENROLLMENT ORDER:

Quantity	Name of the product	Price
Total:		\$

SHIPPING ADDRESS:  Same as my billing address

Address	City	State	Zip

PAYMENT INFORMATION:

Visa  MasterCard  Discover

Card number (16 or 15 digits)	Expiration date (mm/yy)
Name on the card	Verification Code (CVV)



Signature \_\_\_\_\_

I certify that the signature is mine and I am the owner of the card above. I authorize Ardyss to charge my card for my initial order.