ALIVAMAX
100% Goodness

Alivamax Worldwide, LLC
1065 East 3300 South - Salt Lake City, UT 84106 - USA
TEL: 1.801.908.7500 / FAX: 1.801.415.9403 / Email: support@alivamax.com
Please FAX or Mail completed application to Alivamax Worldwide, LLC

MEMBERSHIP CLUB APPLICATION FORM

MEMBERSHIP APPLICANT INFORMATION

First Name:	Last Name:		
Company:			
Address:	City:	State:	Zip:
Phone Number:	Email:		
SS#/FIN#:	SS#/FIN#:		

SPONSOR INFORMATION

First Name:	Last Name:

CREATE ACCOUNT INFORMATION - (MAY NOT BE AVAILABLE)

Choose User Name (URL):	Choose Password:

CHOOSE INITIAL PRODUCTS AND OR PACKAGES

QTY	Please write in the items you wish to purchase with your initial order	Price
	SUB TOTAL:	
	SHIPPING AND HANDLING COST:	
	TOTAL - SUB TOTAL + SHIPPING AND HANDLING COST:	

CHOOSE YOUR AUTOSHIP - (MAY BE CHANGED AT ANY TIME)

QTY	Please write in the items you wish to autoship	Price

Autoship may be changed at any time. Does not include shipping & handling. To change or cancel autoship, email to support@alivamax.com or call 1.801.908.7500.

PAYMENT INFORMATION

☐	**VISA**	**Cardholders Name:**	
☐	**MASTERCARD**	**Card Number:**	
☐	**AMERICAN EXPRESS**	**Expiration Date:**	**CVV2:**

AGREEMENT

By signing below, I acknowledge that the information I have provided is true to the best of my knowledge and I agree to be bound to Alivamax Distributor Agreement upon acceptance of my application. I have read and agree to be bound by the Terms and Conditions of Alivamax Wordwide, LLC Distributor Agreement located on the Alivamax Wedsite.

SIGNATURE

Signature:	Date: