

# My Membership



**Name**



**Email**

**Address**

**Pcode.....**



**Phone**



**DOB**



**Facebook**

## Getting Started

☐

NATURES SOLUTIONS KIT

☐

HOME ESSENTIALS KIT

☐

OIL SHARING KIT

## Loyalty Rewards



**Card Number**

**Expiry Date**

**CCV**

**Name on card**

**Notes**

## BEST WAY TO COMMUNICATE WITH YOU?

- ☐ PHONE..... TIME.....
- ☐ TEXT
- ☐ EMAIL
- ☐ PRIVATE MESSAGE

### DO YOU LIKE THE IDEA OF

- ☐ RECEIVING A FREE PRODUCT and REWARDS POINTS EVERY MONTH?
- ☐ GETTING YOUR PRODUCTS PAID FOR?
- ☐ TEACHING OTHERS ABOUT NATURAL HEALTH AND WELL BEING?
- ☐ SUPPLEMENTING YOUR CURRENT INCOME?
- ☐ REPLACING YOUR CURRENT INCOME?

<sup>1</sup>  
**SHARING** is **CARING** ... Would you be open to sharing the oils with your friends.?

Give me an idea of when you are thinking. *(please circle)...*

MORNING AFTERNOON EVENING

Which day are you thinking would work best? *(please circle)...*

MON TUES WED THURS FRI SAT SUN