

SHAKLEE® APPLICATION

PLEASE PRINT CLEARLY. ALL SIGNATURES IN INK.

FOR OFFICE USE ONLY

Check here if you have applied by phone.

SHAKLEE ID # YOU RECEIVED

Check here if adding spouse information

HOW TO REACH ME

YOUR NAME (Last) (First) (M.I.)

YOUR SPOUSE'S NAME IF APPLICABLE (Last) (First) (M.I.)

YOUR STREET ADDRESS (Include apartment number, if applicable)

YOUR CITY / TOWN COUNTY STATE ZIP CODE

SSN OR ITIN (required for Distributorship) OR DRIVER'S LIC.# OR STATE ID CARD# (may be used for Membership only) YOUR PHONE NUMBER (with Area Code)

SPOUSE'S SSN, ITIN, DRIVER'S LIC.#, OR STATE ID CARD# Language Preference: English Spanish Chinese E-MAIL ADDRESS (for free access to MyShaklee.com)

ABOUT MY SPONSOR

ID# OF ORIGINAL SPONSOR SIGNING ME UP (Sponsor must have SSN or ITIN on file with Shaklee) PHONE NUMBER (with Area Code)

SPONSOR'S NAME (Last, First, M.I.) SPONSOR'S SIGNATURE (IN INK) (Sponsor has provided the new Distributor with a copy of the P&R)

OPTIONAL : NEW SPONSOR I'M TO BE PLACED UNDER NEW SPONSOR'S ID#

HOW I'M GETTING STARTED

	ITEM CODE	QTY.	PRICE
<input type="checkbox"/> YES! I want the Fast Start to Wellness Distributor Program (for Distributors – requires SSN or ITIN)	59204		299.00
<input type="checkbox"/> YES! I want the Distributor Welcome Kit (for Distributors – requires SSN or ITIN)	75255	<input type="radio"/> Ship Kit to Sponsor	39.95
<input type="checkbox"/> YES! I want the New Member Pack	75297		19.95

WHILE I'M GETTING STARTED

<input type="checkbox"/> Shaklee Wellness Pack (Included with Fast Start to Wellness Program.)			
<input type="checkbox"/> Shaklee AutoShip*	n/a	n/a	n/a
<input type="checkbox"/> Personal Web Site (Three months FREE! with Fast Start to Wellness Program.)	n/a		
<input type="checkbox"/> Hotline Subscription			
<input type="checkbox"/> Other Products			

*Your orders will ship monthly, based on the date of your first shipment. (See reverse side for additional information.) SUBTOTAL: \$

CHOOSE YOUR METHOD OF PAYMENT

You may pay by credit card or cashier's check. If enrolling in AutoShip, you must pay by credit card to authorize monthly charges. Your credit card will be charged when Shaklee processes your order. If submitting a cashier's check, please call 1.800.SHAKLEE for complete order charges, including shipping & handling and tax. Sorry, Personal checks are not accepted.

Check here if cashier's check or money order is enclosed.

CHARGE TO MY: MASTERCARD® VISA® AMEX® DISCOVER®

CARD NUMBER (Exp. Date – MM/YY)

NAME AS IT APPEARS ON THE CARD

SIGNATURE OF CARD HOLDER (IN INK)

Membership/Distributor Fee: \$

SUBTOTAL:

Applicable S&H and tax will be calculated and added to your order.

TOTAL:

(Enter from above)

I / We agree to abide by the terms set forth in the P&R, as amended from time to time, and other Shaklee publications, including any subsequent changes thereto. The P&R can be found at MyShaklee.com.

I / We have read and agree to all terms and conditions stated on the reverse side and certify that all the information provided is correct.

APPLICANT'S SIGNATURE (IN INK) DATE

SPOUSE'S SIGNATURE (IF JOINING) (IN INK) DATE



Mail: Shaklee Corporation, Attn: Field Support, P.O. Box 8040, Pleasanton, CA 94588. Fax: 1.888.SHK.4FAX (1.888.745.4329)

WHITE: Shaklee YELLOW: Applicant PINK: Sponsor

MEMBERSHIP

Membership Requirements

You must be at least 18 years of age and reside in the United States or a U.S. territory. You may provide Shaklee with either your Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN), Driver's License Number, or State Identification Card Number issued in your own name. To join Shaklee with an ITIN, you must attach a copy of your IRS Form 9844 (Assignment of Individual Taxpayer Identification Number). Members may sign up individually or jointly with their spouse. Spouses may not have separate Memberships. No additional purchase is necessary, and you are not required to make any financial investment to become a Member. Please notify Shaklee of any change in street or e-mail address or telephone number.

ID Number

You will be issued a unique Shaklee ID number that should be used for all communications with Shaklee, including sponsorship.

Membership Privileges

Acceptance of this application by Shaklee, allows the Member to purchase products of Shaklee at prices below suggested retail directly from Shaklee or from your Sponsor or Business Leader.

The Statement of Privileges and Responsibilities of Shaklee Family Members (P&R)

The *P&R* is the official document governing the relationship between the Shaklee Family Members and Shaklee Corporation.

Annual Renewal/Governing Law

Shaklee Family Members have the opportunity to renew annually. This Agreement is effective upon acceptance by Shaklee, and is governed by the laws of the state of California. Georgia residents: Further information regarding Shaklee is on file with the state's Department of Consumer Affairs.

*AUTOSHIP TERMS

Note: AutoShip orders ship Monday through Friday, excluding holidays. Changes and cancellations can be made at MyShaklee.com or by calling 1.800.SHAKLEE.

You authorize Shaklee to ship the items indicated on this order and items on any supplemental orders or change/modification orders, which are incorporated herein by reference, or as otherwise requested by you or on your behalf, ON A RECURRING BASIS at the intervals indicated and to charge this credit card account the current price at the time of shipment. PRICES AND ITEM FORMULATIONS ARE SUBJECT TO CHANGE WITHOUT NOTICE. You understand that these ordered items will continue to be shipped at intervals indicated and that you are obligated to pay for them until you cancel or modify your order. Shaklee reserves the right to cancel this order at any time.

DISTRIBUTORSHIP REQUIREMENTS

Distributors Who May Wish to Sponsor Others and Earn Bonuses

You must provide Shaklee with a valid Social Security Number (SSN) or Individual Tax Payer Identification Number (ITIN) issued in your own name. Acceptance of this application by Shaklee, allows the Distributor to purchase and to distribute Shaklee products. In addition, the Distributor may sponsor others and have sponsorship rights with respect to their downlines, as described in the *P&R*.

Distributing Products

Because Shaklee is committed to the health and well-being of our Distributors, Shaklee Family Members may not distribute Shaklee products directly or indirectly to or from retail stores or Internet auction sites. Nor may they distribute products to Members or Distributors outside their Personal Group.

You Can Build a Business

Shaklee publishes an authorized Compensation Plan, which outlines the benefits and requirements of a Shaklee business. Information on how to build a Shaklee business is available from your Sponsor and/or Business Leader.

Independent Contractor Status

Shaklee Independent Distributors are INDEPENDENT CONTRACTORS. Independent Distributors are not employees of Shaklee, or of any Shaklee Independent Distributorships and may not so represent. The Distributor will not be treated as an employee for federal or state tax purposes. Nor will the Distributor be treated as an employee for purposes of the Federal Insurance Contributions Act or any other laws covering employees.

Unauthorized Claims

Shaklee Distributors may not make claims about Shaklee products, or the Shaklee Compensation Plan, that are contrary to literature and labels published by Shaklee. The *P&R*, as amended from time to time, is incorporated in this Agreement. Please review it carefully with your Sponsor or Business Leader. Because it reflects the moral and ethical heritage of our company and sets the foundation for how we do business, if a Shaklee Distributor chooses not to follow it they will be subject to termination of their Distributorship.

