



Director Certification Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Pin#: _____

I, _____, certify that I have met the Group Retail Sales Volume requirements to become a Director and have placed an activation order with the home office.

Number of Retail Sales Receipts Attached _____
Total Amt. of Retail Sales Volume Attached \$ _____

X _____
Signature of Applicant Date

Sponsor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Pin#: _____

I certify that _____ has met the Group Retail Sales Volume requirements to become a Director and have placed an activation order with the home office.

Qualifying product volume that the applicant has purchased from his/her upline must be verified with Retail Sales Receipts accompanying this form.

X _____
Signature of Sponsor Date

Date received by Home Office Approved / Entered