



Membership Application

(Please Print)

Applicant Name _____

Mailing Address _____

City _____ State _____ Zip _____

Shipping Address (If different than mailing address) _____

City _____ State _____ Zip _____

Social Security Number _____ Fax Number _____

Daytime Phone _____ Alternate Phone _____

E-mail Address _____

Sponsor: Teresa McCurry, Passionate Health _____

Sponsor's Phone Number: 770-590-9977 _____

Terms of Agreement:

1. I am of legal age in the state of my residency.
2. I will become a member upon acceptance of this application by the Company and I will, at that time, have the right to sell the Company's products in accordance with the Company's Compensation Plan.
3. I understand that the Company reserves the right to amend New Sun, Inc.'s Compensation Plan from time to time.
4. I understand that no purchase or investment is necessary to become a Company member other than the purchase of a New Sun Member Kit, which is sold at Company cost.
5. The term of this agreement is one year. This agreement will automatically be renewed upon my timely Payment of the annual membership renewal fee of \$10.00 on my anniversary date each year.
6. I understand and agree that I am not an employee of New Sun, Inc. and I will make no claims for any company products.
7. I agree to abide by the Company policies and procedures, as stated in this agreement and in the New Sun, Inc. Policies and Procedures manual.
8. Each month managers, not wholesale members, must purchase a minimum of \$50.00 B.V. to receive override compensation.

Applicant Signature _____ Date _____

Membership fee of \$10.00 renewable annually.

Membership fee is waived with a minimum of \$40.00 purchase at time of sign up.

Payment by: Check/Cash Visa MC AmEx Discover _____

Credit Card # _____ Expiration Date: _____