



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 _____

Sponsor's Phone Number _____

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: _____