

**TEAM MEMBER INFORMATION**

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Please enter your Social Security Number or Employer ID Number. This number is required.

Social Security # / Employer ID (EIN) #

Synergy ID Number

Today's Date

Name (Last, First, Middle) or Name of Business Entity

Contact Name (if different)

Mailing Address

City / Province

State / Country

Zip / Postal Code

Phone Number

Fax Number

Email Address

OFFICE USE ONLY

ORIGINAL APPLICATION

This Agreement is entered into between the APPLICANT, named above (hereafter "APPLICANT"), and SYNERGY WORLDWIDE. The parties agree:

APPLICANT hereby applies to convert their existing foreign team membership to become a U.S. Team Member (Independent Distributor) in SYNERGY WORLDWIDE'S Independent Distributor Program. SYNERGY reserves the right to accept or reject any country change of address for any reason, in accordance with the terms and conditions set forth in SYNERGY'S U.S. Policies and Procedures manual, as such now exists or may hereafter be amended.

By submitting this application and any order associated with it, I attest that the information contained in this form is complete and true, and that I am at least 18 years of age. I understand that no product purchase or other payment is required to become a U.S. Team Member. As a U.S. Team Member, I may buy and sell SYNERGY products and advance through SYNERGY'S Leadership System. I understand that this application is binding upon me as a U.S. Team Member. I agree to comply with SYNERGY'S U.S. Policies and Procedures as they are currently written and found in the U.S. Policies and Procedures manual online and in the published booklet and as they may be amended by SYNERGY. I further understand that my original foreign application is still valid and I am accountable to it and any changes, modifications, additions, or clarifications represented in the U.S. Policies and Procedures manual.

Any Team Member may cancel their membership at any time by completing a Membership Cancellation Form and sending it via fax or mail to Synergy WorldWide.

FAX: (801)443-3282 • MAIL: 1955 W. Grove Parkway, Suite 100, Pleasant Grove, UT 84062

Applicant's Name	Applicant's Signature	Date
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★ PLEASE ATTACH PROOF OF RESIDENCY ★