EDMARK®

www.edmarker.com

PAID
ONLY WHEN STICKER IS AFFIXED HERE

☐ Full Package

☐ Regular Package

MEMBERSHP APPLICATION FORM (SA-1)

GIVEN NAME MIDDLE NAME FAMILY NAME

MALE ☐ FEMALE ☐ SINGLE ☐ MARRIED ☐ NATIONALITY

Date of Birth: - - I.D NO. I.D Type

DAY MONTH YEAR

MAILING ADDRESS:

P.O BOX CITY COUNTRY

email:

TELEPHONE CONTACTS:

OFFICE HOME MOBILE

BANK ACCOUNT NO. : BRANCH

BENEFICIARY'S DETAIL:

BENEFICIARY'S NAME:

I.D NO.: RELATIONSHIP:

SPOUSE DETAILS :

GIVEN NAME: MIDDLE NAME

FAMILY NAME: Date of Birth - - I.D No.

DAY MONTH YEAR

SPONSOR'S DETAILS :

Sponsor's Name: Position:

Membership No.

Agreement to Membership

1 I/We hereby certify that the above information given is true and correct

2 I/We have read and understood the EDMARK Marketing Code of Ethics, Rules of Conduct and Procedures.

3 I/We shall be bound and abided by EDMARK Code of Ethics & Rules of Conduct

4 I/We fully understand that I/We are not an employee or representative of EDMARK, that the relationship between EDMARK and myself/ourselves is strictly and solely on a business basis. I/We do understand that I/We shall not expressly or imply any representation otherwise.

5 I am above 18 years of age.

6 "I understand that upon registration I am entitled to one year of online services that includes the digital Focus Magazine and Distributor Internet Services to check monthly performance and bonus tree. I also hereby consent and authorize the company to deduct a total of _____ from the last 5 months of my bonus for the following year's continuation of online services"

_____ Date

_____ Signature

ORRC#: _____ CSB#: _____ SALES CENTRE:

FOR OFFICE USE ONLY

DATE RECEIVED		MEMBERSHIP NO.	
STAFF NAME		CHECKED BY (ADM)	