

MEMBERSHIP and PERSONAL GOALS FORM



HOW to PURCHASE ISAGENIX PRODUCTS . . . BECOME a CUSTOMER

- ★ **BEST** 1) **Preferred Customer** . . . 25% Discount plus 5%* . . . Membership Fee **WITH** Autoship \$29 / yr
- BETTER** 2) **Preferred Customer** . . . 25% Discount . . . Membership Fee **NO** Autoship \$39 / yr
- GOOD** 3) **Customer** . . . 10% Discount . . . **FREE** Membership
- 4) **Retail Customer** . . . No Discount

PERSONAL INFO:

Name _____ Date _____

Mailing Address _____

_____ Zip/Postal Code _____

Cell Phone _____ Phone (Day) _____

Email _____

Birth Date _____ Soc. Security# or Tax ID# _____
(Not needed for Retail, Preferred Customer, or Canada)

Shipping Address *(if different from above mailing address)* _____

_____ Zip/Postal Code _____

WEB SET-UP:

User Name _____ Password _____ Example: (*UserName*) .isagenix.com

HEALTH and WEALTH GOALS: (Optional)

- 1) On a scale of 1-10 . . . my motivation to improve my health and well-being is _____
- 2) My personal health goal is mainly to be vibrant, energetic, clean and lean
- 3) My weight goal is to lose _____ pounds and _____ inches in _____ weeks or _____ months
- 4) On a scale of 1-10 . . . my interest in improving my financial well-being is _____
- 5) I'm interested in learning more about the Isagenix® Income Opportunity Yes _____ No _____
- 6) My financial goal is to earn an additional \$ _____ per month in _____ months
- 7) I would like to attend an Isagenix Event to learn more and to see the BIG Vision

INITIAL PRODUCT ORDER: _____

AUTOSHIP ORDER: *(Your monthly Product choice)* _____

CREDIT or DEBIT CARD INFORMATION:

Name on Card _____

Card Number _____ Exp. Date _____ CCV# _____

Credit Card Billing Address *(if different from above)* _____

_____ Zip/Postal Code _____

* 5% Discount on Selected Product Systems