

Shaklee® Application

PLEASE PRINT CLEARLY. ALL SIGNATURES IN INK.

FOR OFFICE USE ONLY

Check here if you have applied by phone

SHAKLEE ID# YOU RECEIVED

Check here if adding spouse information

Language preference: English Spanish Chinese Korean

HOW TO REACH ME

Your Name (Last) (First) (M.I.)

Your Spouse's Name, if Applicable (Last) (First) (M.I.)

Your Street Address (Include apartment number, if applicable) City/Town

County State Zip Your Phone Number (With area code)

SSN, FEIN, or ITIN (Mandatory for Distributor title and bonus eligibility) Your Birth Date (mm/dd/yr) Email Address (For free access to MyShaklee.com)

Spouse's SSN, FEIN, or ITIN (Mandatory for Distributor title and bonus eligibility) Spouse's Birth Date (mm/dd/yr)

ABOUT MY SPONSOR

ID# of ORIGINAL Sponsor SIGNING ME UP Phone Number (With area code) *Optional:* New Sponsor I'm to Be Placed Under

Sponsor's Name (Last, first, M.I.) Sponsor's Signature (IN INK) (Sponsor has provided the new Distributor with a copy of the P&R) New Sponsor's ID#

HOW I'M GETTING STARTED

YES! I want one of the following GOLD PAKs (includes Distributor Welcome Kit) (Choose E: ENGLISH or S: SPANISH) (For Distributors—requires SSN, FEIN, or ITIN)

						PV	ITEM CODE	PRICE
<input type="checkbox"/> SUPER GOLD PAK	<input type="checkbox"/> Men (E: #89220, S: #89221)	<input type="checkbox"/> Women (E: #89222, S: #89223)	<input type="checkbox"/> Gold (E: #89224, S: #89225)	<input type="checkbox"/> Gold w/o K (E: #89226, S: #89227)	<input type="checkbox"/> Kosher (E: #89143)	500		\$750.00
<input type="checkbox"/> GOLD PLUS PAK	<input type="checkbox"/> Men (E: #89228, S: #89229)	<input type="checkbox"/> Women (E: #89230, S: #89231)	<input type="checkbox"/> Gold (E: #89232, S: #89233)	<input type="checkbox"/> Gold w/o K (E: #89234, S: #89235)		500		\$599.00
<input type="checkbox"/> GOLD PAK	<input type="checkbox"/> Men (E: #59748, S: #59749)	<input type="checkbox"/> Women (E: #59750, S: #59751)	<input type="checkbox"/> Gold (E: #59752, S: #59753)	<input type="checkbox"/> Gold w/o K (E: #59754, S: #59755)	<input type="checkbox"/> Kosher (E: #59117, S: #59118)	250		\$299.00

Buy Shaklee Vitalizer™ and get a FREE membership! Men #59744 \$79.25 Women #59745 \$79.25 Gold #59746 \$84.95 Gold w/o K #59747 \$84.95 Kosher w/Vita-Lea® #59762 \$66.95

YES! I want the New Distributor Welcome Kit (For Distributors—requires SSN, FEIN, or ITIN) (E: #59708, S: #59709) Ship kit to Sponsor \$39.95

YES! I want the New Member Pack (E: #59710, S: #59711) \$19.95

Sign up for a six-month Hotline subscription (Via credit card) \$24.00

Sign up for a Personal Web Site (GOLD: 3 months included; GOLD PLUS and SUPER GOLD: 6 months included) \$14.95/mo. + \$15.00 set-up fee \$29.95

Ask your Sponsor about other products or services: Direct deposit Online statements Subtotal: \$

PLEASE AUTOMATICALLY* SEND ME THE CHECKED PRODUCT(S) EACH MONTH AT AN ADDITIONAL 10% DISCOUNT

- Vitalizer™ Men Vivix® Advanced Joint Health Complex*
- Vitalizer™ Women Kosher Vivix® OmegaGuard® (180 ct.)
- Vitalizer™ Gold Vivix® Single-Serve Pouches OmegaGuard® (60 ct.)
- Vitalizer™ Gold w/o K Cholesterol Reduction Complex NutriFeron®



*Your order will ship monthly, based on the date of your first shipment. (See reverse side for additional information.) Make changes to future orders at MyShaklee.com/My Profile/Manage AutoShip.

CHOOSE YOUR METHOD OF PAYMENT

You may pay by credit card, money order, or cashier's check. If enrolling in AutoShip, you must pay by credit card to authorize monthly charges. Your credit card will be charged when Shaklee processes your order. If submitting a cashier's check or money order, please call 1.800.SHAKLEE for complete order charges, including shipping, handling, and tax. Sorry, personal checks are not accepted.

Check here if cashier's check or money order is enclosed

Charge to my: MasterCard® Visa® AMEX® Discover®

Card Number Exp. Date—mm/yy

Name as It Appears on the Card

Signature of Cardholder (IN INK)

Applicable S&H and tax will be calculated and added to your order.

TOTAL: \$
(Enter from above)

I/We agree to abide by the terms set forth in the P&R, as amended from time to time, and other Shaklee publications, including any subsequent changes thereto. The P&R can be found at MyShaklee.com.

Applicant's Signature (IN INK) Date

I/We have read and agree to all terms and conditions stated on Page 2 and certify that all the information provided is correct.

Spouse's Signature, if Joining (IN INK) Date

MAIL: Shaklee Corporation, Attn.: Field Support, P.O. Box 8040, Pleasanton, CA 94588 FAX: 1.888.SHK.4FAX (1.888.745.4329)

WHITE: Shaklee YELLOW: Applicant PINK: Sponsor

*This statement has not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.



MEMBERSHIP

Membership Requirements

You must be at least 18 years of age and reside in the United States or a U.S. territory. You need to provide Shaklee with only your email address. Alternatively, you may provide either your Social Security Number, Individual Taxpayer Identification Number, State Identification Card number, or Driver's License number. To join Shaklee with an ITIN, you must attach a copy of your IRS Form CP-565 (Assignment of Individual Taxpayer Identification Number). Members may sign up individually or jointly with their spouse. Spouses may not have separate Memberships. No additional purchase is necessary, and you are not required to make any financial investment to become a Member. Please notify Shaklee of any change in street or email address or telephone number.

ID Number

You will be issued a unique Shaklee ID number that should be used for all communications with Shaklee, including sponsorship.

Membership Privileges

Acceptance of this application by Shaklee allows you to purchase Shaklee products at prices below suggested retail directly from Shaklee or from your Sponsor or Business Leader. Members may sponsor other Members, but are not eligible to sell products or to receive bonuses or other compensation.

The Statement of Privileges and Responsibilities of Shaklee Family Members (P&R)

The P&R, as amended from time to time, is incorporated in this agreement. It is the official document governing the relationship between Shaklee Family Members and Shaklee U.S., LLC.

Annual Renewal/Governing Law

The GOLD Ambassador Program requires an annual renewal. The Shaklee Membership Renewal Program is annual. However, Shaklee may from time to time suspend or waive the requirement to renew. Currently, the Shaklee Membership Renewal program has been suspended.

*AUTOSHIP TERMS

Note: AutoShip orders ship Monday through Friday, excluding holidays. Changes and cancellations can be made at MyShaklee.com or by calling 1.800.SHAKLEE.

You authorize Shaklee to ship the items indicated on this order and items on any supplemental orders or change/modification orders, which are incorporated herein by reference, or as otherwise requested by you or on your behalf, ON A RECURRING BASIS at the intervals indicated and to charge this credit card account the current price at the time of shipment. PRICES AND ITEM FORMULATIONS ARE SUBJECT TO CHANGE WITHOUT NOTICE. You understand that these ordered items will continue to be shipped at intervals indicated and that you are obligated to pay for them until you cancel or modify your order. Shaklee reserves the right to cancel this order at any time.

DISTRIBUTORSHIP

Distributors May Sponsor Others and Earn Bonuses

You must be at least 18 years of age and reside in the United States or a U.S. territory. You must provide Shaklee with a valid Social Security Number (SSN), Federal Employer Identification Number (FEIN), or Individual Taxpayer Identification Number (ITIN) issued in your own name or the name of the entity signing up as a Distributor. The SSN, FEIN, or ITIN may be provided by phone, fax, or mail. If provided by phone, Shaklee must receive written confirmation within 30 days. Acceptance of this application by Shaklee allows you to purchase and sell Shaklee products and to earn bonuses. In addition, you may sponsor others and have sponsorship rights with respect to their downlines, as described in the P&R. I understand my name and contact information will be shared with Shaklee Distributors and Business Leaders who are part of my direct sponsorship lineage and on whose paid-on recap I appear.

Distributing Products

Because Shaklee is committed to the health and well-being of our Distributors, Shaklee Distributors may not distribute Shaklee products directly or indirectly to or from retail stores or Internet auction sites. Nor may they distribute products to Members or Distributors outside their Personal Group.

You Can Build a Business

Shaklee publishes an authorized Compensation Plan, which outlines the benefits and requirements of a Shaklee business. Information on how to build a Shaklee business is available from your Sponsor and/or Business Leader.

Independent Contractor Status

Shaklee Independent Distributors are INDEPENDENT CONTRACTORS. Shaklee Distributors are not employees or agents of Shaklee or of any Shaklee Distributorship and may not so represent. Shaklee is not an agent or fiduciary of any Shaklee Distributor or Distributorship. Shaklee Distributors will not be treated as employees of Shaklee for federal or state tax purposes. Nor will Shaklee Distributors be treated as employees of Shaklee for purposes of the Federal Insurance Contributions Act or any other laws covering employees.

Unauthorized Claims

Shaklee Distributors may not make claims about Shaklee products, or the Shaklee Compensation Plan, that are contrary to literature and labels published by Shaklee. The P&R, as amended from time to time, is incorporated in this Agreement. Please review it carefully with your Sponsor or Business Leader. Because it sets the foundation for how we do business, if a Shaklee Distributor does not follow the P&R, he or she may be subject to remedies for breach of contract, including termination of their Distributorship.