

Shaklee® Hmong Application

PLEASE PRINT CLEARLY. ALL SIGNATURES IN INK.

FOR OFFICE USE ONLY

Check here if you have applied by phone

SHAKLEE ID# YOU RECEIVED

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Check here if adding spouse information

Language preference: English Spanish Chinese Korean Hmong

HOW TO REACH ME

Koj Lub Xeem	Koj Lub Npe	(M.I.)
Koj Tug Txij Nkawm Lub Xeem	Koj Tug Txij Nkawm Lub Npe	(M.I.)
Koj Chaw Nyob (Include apartment number, if applicable)	Lub Zog Koj Nyob	
Lub Nroog Koj Nyob	Lub Xeev Tug Zip Code	Koj Tug Xuv Tooj (With area code)
Koj Tug SS # (Rau Tus ua Lag Luam Xwb)	Nub Yug Koj (mm/dd/yr)	Koj Tug Email
Spouse's SSN or ITIN (Mandatory for Distributor title and bonus eligibility)	Koj Tug Txij Nkawm Nub Yug	

KOJ TUG SPONSOR YOG LEEJTWG

Koj Tug Sponsor Tug ID #	Koj Tug Sponsor Xuv Tooj (With area code)	<i>Optional:</i>
Koj Tug Sponsor Lub Npe	Koj Tug Sponsor Kos Npe (SIGNATURE IN INK) <i>(Sponsor has provided the new Distributor with a copy of the P&R)</i>	New Sponsor I'm to Be Placed Under
		New Sponsor's ID#

TUG UA LAG LUAM—DISTRIBUTOR (requires SSN or ITIN)

YES! I want one of the following (GOLD PAKs include Distributor Welcome Kit) (Choose E: ENGLISH or S: SPANISH)

	PV	ITEM CODE	PRICE
<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) <input type="checkbox"/> Kosher (E: #89268)	500		\$599.00
<input type="checkbox"/> GOLD PLUS PAK <input type="checkbox"/> Sports Nutrition – Men (E: #89269) <input type="checkbox"/> Sports Nutrition – Women (E: #89270)	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
<input type="checkbox"/> DISTRIBUTOR WELCOME KIT (E: #59788, S: #59789) <input type="checkbox"/> Ship kit to Sponsor			\$49.95
ALSO: <input type="checkbox"/> Sign up for a six-month HOTLINE SUBSCRIPTION			\$24.00

Ask your Sponsor about other products and services: Personal Web Sites Direct deposit Online statements

TUG YUAV TSHUAJ—MEMBER (requires email address)

<input type="checkbox"/> YES! I want the New Member Pack (E: #59710, S: #59711)			\$19.95
<input type="checkbox"/> YES! I want to buy Shaklee Vitalizer™ and get a FREE MEMBERSHIP!			
<input type="checkbox"/> Men #59744 (\$79.25) <input type="checkbox"/> Women #59745 (\$79.25) <input type="checkbox"/> Gold #59746 (\$84.95) <input type="checkbox"/> Gold w/o K #59747 (\$84.95) <input type="checkbox"/> Kosher Pack #59762 (\$66.95)			
Subtotal: \$			

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

<input type="checkbox"/> Vitalizer™ Men	<input type="checkbox"/> Vivix®	<input type="checkbox"/> Advanced Joint Health Complex*	<input type="checkbox"/> CoQHeart®
<input type="checkbox"/> Vitalizer™ Women	<input type="checkbox"/> Kosher Vivix®	<input type="checkbox"/> OmegaGuard® (180 ct.)	
<input type="checkbox"/> Vitalizer™ Gold	<input type="checkbox"/> Vivix® Single-Serve Pouches	<input type="checkbox"/> OmegaGuard® (60 ct.)	
<input type="checkbox"/> Vitalizer™ Gold w/o K	<input type="checkbox"/> Cholesterol Reduction Complex†	<input type="checkbox"/> 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.

KOJ TUG CREDIT CARD

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 statement of Privileges & Responsibilities of Shaklee Family Members (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
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)

*Products providing 800 mg of plant sterols and stanols daily, consumed with two different meals as part of a diet low in saturated fat and cholesterol, may reduce the risk of heart disease. Cholesterol Reduction Complex provides 1,000 mg of plant sterols and stanols per serving, and 2,000 mg daily when used as directed.

*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.

