

GROUP REPRESENTATIVE AGREEMENT

COMPLETE THIS SECTION IF A COMPANY EMPLOYEE WILL BE THE GROUP REPRESENTATIVE

Sponsoring IBO #

New Rep. Social Security # --

First Name MI Last Name Male/Female

Mailing/Shipping Address (NO P.O. BOXES PLEASE) Apt.# or Suite #

City State Zip Applicant's Employer

Home Telephone # -- Work Telephone # -- Date of Birth --

COMPLETE THIS SECTION IF COMPANY IS SIGNING UP AS GROUP REPRESENTATIVE

Sponsoring IBO #

Company EIN #

Company name

Mailing/Shipping Address (NO P.O. BOXES PLEASE) Bldg. or Suite #

City State Zip Telephone # --

Key Contact Name

E-MAIL ADDRESS

DATE

SIGNATURE OF SPONSORING IBO

AUTHORIZED SIGNATURE FOR GROUP REPRESENTATIVE

A ONE-TIME \$20.00 REGISTRATION FEE IS REQUIRED WITH EACH APPLICATION.

CREDIT CARD:
 Visa MasterCard
 Discover American Express
Card # Expiration Date

SIGNATURE FOR CREDIT CARD

\$20.00 CHECK ENCLOSED
ONE-TIME REGISTRATION FEE **\$20.00**
(NON REFUNDABLE)
TOTAL AMOUNT **\$20.00**

ATTENTION

In order to be an AmeriPlan® Group Representative and receive commissions, the applicant must be the owner or employee of the company from which the employees are being signed up as members of the Plan. These members must pay their membership fees on a list bill from AmeriPlan®.