DO NOT MAIL THIS APPLICATION IF YOU HAVE ALREADY TELEPHONED!
A TELEPHONE APPLICATION WILL RECEIVE A CONFIRMATION NOTICE.

Canadian Member Application

PRESS HARD OR TYPE. YOU ARE MAKING THREE COPIES.

FOR OFFICE USE ONLY
New Member's ID No. _____
Order Enclosed ☐Yes ☐No
Membership Fee Enclosed ☐Yes ☐No
Cheque/Money Order No. _____

www.theaimcompanies.com ☐ aimonline@aimintl.com
AIM CANADA ☐ Unit 1, 2827 18th St. N.E. Calgary, Alberta T2E 7K5 ☐ Phone: 1-800-456-2462 ☐ Fax: 1-800-766-5133

Sponsor's Name: **DEBBIE LANGLEY** AIM Member ID No.: **9824954**

For New Member Use: (Please Print)

Applicant's Name: _____ (Last / First / Middle Initial)

Spouse's Name: _____ (Last / First / Middle Initial)

Business Name: _____ (If Applicable)

Applicant S.I.N.: _____ Business ID No.: _____ (If Applicable)

Home Address:

_____ Name

_____ Address City Province Postal Code

( ) ( ) Home Phone Business Phone or Fax

Ship To:

_____ Name

_____ Address City Province Postal Code

( ) ( ) Home Phone Business Phone or Fax

E-Mail Address: _____ (If Applicable)

Sales Tax Exempt No.: _____ (If Applicable) Language Preference: _____

New Member's Pledge

The undersigned hereby applies to become a Member of and distribute products marketed by AIM Canada (hereafter referred to as the Company), and acknowledges that he/she

1. received, read, and understood a copy of the Company's Member Agreement;
2. shall abide by and be subject to the terms and conditions of the Member Agreement and the Policies and Procedures of the Company as they now exist or may be amended;
3. in deciding to become a Member, relied only on the information and representations contained in the Member Agreement;
4. upon acceptance as a Member, shall be entitled to purchase product from the Company, build a sales organization, and enjoy benefits available to all Members, in accordance with the AIM Canada Member Agreement, section 1.2, and;
5. understands that a Member does not receive any remunerations from sponsoring other Members, but that any profits or bonuses will be earned only as a result of the sale of product.

New Member's Signature: _____ Date: _____

Membership Payment — You MUST Complete This Section

☐ Purchase 50 BVP or more of product — Enclose completed AIM Price List Order Form with your application, OR

☐ Pay membership fee — $30.00 CDN (Payment MUST accompany application)

Payment Type: ☐ Visa ☐ MasterCard ☐ Cheque ☐ Money Order

Card No.: | | | | | | | | | | | | | | | | Exp. Date: _____

☐ Cheque/Bank Draft No.: _____

Cardholder's Name: _____ (Last / First / Middle Initial)

Signature: _____

White — Company Copy Yellow — Applicant Copy Pink — Sponsor Copy

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