

New PHPWW Enrollee Registration Information Form

1. Gather the following information for the enrollment process.
2. Add your new members to the 3 X 10 Matrix Tracker chart and Get them in the team loop!
3. Help new partners: follow the Step-by-Step Process, get 3 or more and be sure to do the same!
Enroll to be a giver with the following information. Help them get qualified to receive funds with sharing this with (3) or more and use the '3 X 10' Matrix Tracker chart.

The Registration Information Application for New Members

- I want 4 Pack & understand I will personal be the enroller of 3 centers (02, 03, & 04) (\$200 + Processing)
 I only want a single center (\$50.00 + Processing) Date: _____

Full Name: _____ Mobile Number: (____) _____ - _____

Business Name: _____ Date of Birth: ____/____/____
(If applicable)

Primary Email: _____

Address: _____ #: _____
(If applies)

City: _____ State/Province: _____ Zip: _____

Primary Account User Name: _____ Password: _____

MOP: (Check what applies) Country: _____

Visa / MC / Discover / AmEx / PayPal / Check / Cash / Bitcoin / Other: _____

CC #: _____ EXP: _____ CSV:(____)

\$ 50.00 X = _____ + Processing: _____ Total Amount Due: _____

★ **Referred By:** ★ _____ Phone Number: (____) _____ - _____
& ★ User Name: _____

NOTE: There must be a different email for each position! (No Duplicate Emails) These positions are to be enrolled by the new enrollee. (To be structured across their front line and qualify the primary position.)

Here is the information needed for the 4 pack. An application must be submitted for every position!

02) E-Mail: _____ Mobile Number: (____) _____ - _____

03) E-Mail: _____ Mobile Number: (____) _____ - _____

04) E-Mail: _____ Mobile Number: (____) _____ - _____

Please Note: (For Special instructions, Placement or questions, etc.) _____

Fax the completed documents (toll free) to: (866) 703-0604 Who Referred You : _____