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Phone: 1800 756 467 Fax: (02) 9659 4812

[www.australian-longevity.net](http://www.australian-longevity.net)

ABN 18 102 874 706

☐

Preferred Customer

☐

Associate

☐

Enrollment

☐

Status Change

## Associate Application Agreement

Presented by

[www.supplements-for-good-health.com](http://www.supplements-for-good-health.com)

1300 880 392

**An independent Australian Longevity Associate**

(ID # 8263402)

### Applicant Information

ABN or TFN (required for Associates)			Date of Application:		
Surname:	Given Name	Initial:	Telephone (required)		
Address:			Business Telephone / Mobile Fax		
Suburb	State	Post Code	E-mail		

### Sponsor Information

Sponsor's Surname	Given Name	Initial:
Sponsor's Business Name (if used):		
Suburb	State	Post Code:
Sponsor's ID Number: (required)		
Sponsor's Telephone: (required)		

### Enroller Information

Enroller's Surname	Given Name:	Same as Sponsor
Enroller's Business Name (if used):		
Suburb	State	Post Code:
Enroller's ID Number: (required)		
Enroller's Telephone: (required)		

### Payment of Membership Fee

The \$12.00 Membership Fee can be paid by either a Cheque made out to Australian Longevity or debited from a credit card (Amex, Mastercard or Visa). Please fill out the details below:

#### Cheque Information

Name on Cheque:
Cheque Number:
Bank Name:

#### Credit card Information

Card Number:
Name on Credit Card:
Expiry Date:

I, the undersigned, have read the reverse of this application and agree to abide by these as well as all the American Longevity Policies and Procedures. I understand and will accept the consequences of violation of the American Longevity Policies and Procedures.

I, the undersigned, hereby authorize American Longevity to charge my credit card specified as above in the amount of A\$12.00

**Signature**

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