

# Membership Form

First & Last Name	Date of Birth
Co-Applicant Name (if applicable)	Email
Address	Phone Number
City	Enroller ID
State/ZIP	Enroller Name
Enrolling Sponsor Phone No. or Wellness Advocate No.	Placement Sponsor (if different) Phone No. or Wellness Advocate No.

Scan here to see all the kit details and additional enrollment kits.



Scan here to view current product availability



**Membership Fee waived for the first year**

**Free shipping on first order over 100 PV**

Wellness Advocate       Wholesale Customer

Product	Quantity	Item Price	Total Price

Subtotal: \_\_\_\_\_

Tax: \_\_\_\_\_

Grand Total: \_\_\_\_\_

Set up LRP       Subscribe and Save

I want to be a Wholesale Customer of dōTERRA International, LLC. I have read and agree to the terms and conditions found on the back of this form and online on doterra.com. I agree that I do not currently have an interest in any dōTERRA account.

Signature

Date