

MASTER AFFILIATE APPLICATION



To be completed by either a fully-qualified Master Affiliate or qualifying Master Affiliate.

Application Instructions:

1. Master Affiliate application forms may be submitted immediately when a total volume of 2,500 is reached.
2. This must be received no later than the 2nd day of the following month.

QUALIFYING MASTER AFFILIATE INFORMATION

LAST NAME FIRST MIDDLE

RCN OR DISTRIBUTOR ID

ADDRESS

(AREA CODE) TELEPHONE NUMBER

FULLY QUALIFIED MASTER AFFILIATE RCN NUMBER

DATE OF QUALIFICATION

Reliv Distributor has fulfilled the qualification requirements for Master Affiliate as of _____ (DATE)

and should be recognized as a fully qualified Master Affiliate on the first day of the following month.

CERTIFY QUALIFICATION METHOD

- One Month Qualification**
PGPV of 2,500 in one calendar month.

QUALIFYING MASTER AFFILIATE SIGNATURE DATE

OR

FULLY QUALIFIED MASTER AFFILIATE SIGNATURE DATE

MAIL TO:

Reliv International, Inc.
Distributor Relations
P.O. Box 405
Chesterfield, MO 63006-0405

FAX TO: 636.537.9753

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