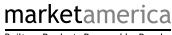
ANNUAL RENEWAL FORM

INDEPENDENT DISTRIBUTOR APPLICATION AND AGREEMENT RENEWAL



Built on Product. Powered by People.				710112			****
Name	arket Ameri	ca Distri	butor I	D Num	ber		
							_
Street Address							
City State/Provin	се		Zip/P	ostal Co	ode		_
** nutrametrix and HP1 Renewals must be completed on appropriate form. Please go to your back office for form for renewing your NM or HP1 Memebership. You <u>MUST</u> select <u>ONLY ONE</u> option below to ensure your Annual Renewal is processed correctly. If a se selected, your Annual Renewal Form and Fee will be returned to you unprocessed.		-					
SALES REPRESENTATIVE ANNUAL RENEWAL — This Section ONLY! By submitting this form with no Annual Renewal Fee, I opt to renew my Independent Distributor Application	and Agree	ment at	Sales f	Repres	entative	status	
DISTRIBUTOR ANNUAL RENEWAL — This Section ONLY! By submitting this form along with the appropriate Annual Renewal Fee indicated below, I opt to renew my I at my current Independent Distributor status. I understand that I must pay for my own Annual Renewal Fee Distributor or otherwise, may pay the Annual Renewal Fee for me. U\$\$99.95/C\$99.95 Annual Renewal Fee (received August 1 through December 31) U\$\$104.95/C\$104.95 Annual Renewal Fee (received January 1 through January 31) U\$\$109.95/C\$109.95 Annual Renewal Fee (received February 1 through the last day of February 1)	ee and that						
GLOBAL ANNUAL RENEWAL — This Section ONLY! This section is only to be used if you are currently registered as a Global Independent Distributor in the Unit UFMS credit card must be used for all Global Annual Renewals. By submitting this form along with the appropriate Annual Renewal Fee indicated below, I opt to renew repay for my own Annual Renewal Fee and that no other person, current Independent Distributor or otherwise, US\$99.95/C\$99.95 Annual Renewal Fee (received August 1 through December 31) US\$104.95/C\$104.95 Annual Renewal Fee (received January 1 through January 31) US\$109.95/C\$109.95 Annual Renewal Fee (received February 1 through the last day of February 1	my Global [may pay th	Distributo	orship.				nust
METHOD OF PAYMENT							
Credit Card - The last four (4) digits of the <i>UFMS</i> credit card number on file are, expiration date (Mo./Yr.): / CVV (security code), Must be a UFMS subscriber for this option; UFMS policies apply. I hereby authorize Market America to charge my credit card for the Total Amount listed above. Signature of Cardholder	ck (check w	riting pr	ivileges	apply)		
			415 - 214	lundan.		Distrib	
All Market America Independent Distributors, nutraMetrix® Independent Distributors and Global Independent Distri Application and Agreement annually with the Annual Renewal Form and nonrefundable Annual Renewal Fee in order and receive Powerline (Market America's monthly magazine), corporate announcements, product updates and access voicemail. Sales Representatives must renew their Independent Distributor Application and Agreement annually with the and Sales Representatives whose applications are received prior to August 1 must renew by December 31 of the same year. Representatives whose applications are received August 1 or later will need to renew by December 31 of the next year.	er to maint ess to com ne Annual F	ain their puter in Renewal	Independent Independent Independent Independent	endent ion and only (no	Distrib d Marke o fee). D	utor sta et Ame Distribut	atus rica tors
Distributors and Sales Representatives applying prior to August 1 who do not renew will be granted a grace period until the Form and/or increased Annual Renewal Fee. Distributors applying prior to August 1 who do not renew by the last day of will lose all accrued Personal and Group Business Volume. Additionally, all upline Distributors will lose the Group Business Volume. Sales Representatives entering prior to August 1 of the current year who do not renew by the last day of Feb all upline Distributors will lose the Group Business Volume credit of the purged, unrenewed Sales Representatives.	of February iness Volur	will become credit	ome Sa	ales Re e purge	presented and i	tatives unrenev	and wed
Distributors entering prior to August 1 of the current year who submit an Annual Renewal Form without the Annual Ren after the last day of February. They will lose their accrued Group Business Volume but retain their Personal Business Vol		ill revert	to Sal	es Rep	resenta	ative sta	ıtus
If your Annual Renewal Form is not received by the last day of February, your Independent Distributor Applica will be changed to a Sales Representative, making reapplication and reinstatement from the upline and Market UnFranchise® Business Account will be suspended until reapplication process is complete.							
Submission of the Annual Renewal Form will satisfy the annual requirements for Form 1001 and Form 925, provide are already on file with Market America.	ded the ha	rd copie	s of F	orm 10	01 and	Form	925
TO RENEW YOUR INDEPENDENT DISTRIBUTOR APPLICATION AND AGREEMENT: <u>Complete and mail</u> this Annua in the appropriate amount, to the address indicated below. Make checks payable to Market America. Each Independent Renewal Fee. Refer to the current edition of the Market America <u>Career Manual</u> for acceptable methods of payment.							
By signing this form I acknowledge the incorporation by reference of all changes and/or revisions delineate Independent Distributor Application and Agreement I originally signed.	ed in offic	ial com	pany I	iteratu	ire that	t alter	the
I, the above-named Market America Independent Distributor, do hereby renew my Independent Distributor Application in the Independent Distributor Application and Agreement, and I agree to be bound by the terms and conditions of tha <i>Manual</i> , the Marketing Plan, and the Company's policies and procedures, rules and regulations as amended from time to this document has full authority to execute this agreement and legally bind the company. If applicable, I renew my Exe Executive Coordinator Qualification and Application (Form 1001), each of which remains in full force by my signing below	at agreemer to time. If I a ecutive Cod	nt, incluc am a bus	ding the	e Marke entity, t	et Amei the pers	rica <i>Ca</i> son sigr	<i>reer</i> ning
SIGNATURE (Must be original. NO COPIES accepted. Please use blue ink.):			_ Date:	:			
U.S. DISTRIBUTORS MAIL TO: Market America, Inc., P.O. Box 35364, Greensboro, NC 27425 CANADIAN DISTRIBUTORS MAIL TO: Market America, Inc., P.O. Box 35306, Greensboro, NC 27425	INTERNA	L USE O	NLY P	rocesso	r Initials	:	_