



NUTRITION CLUB REGISTRATION FORM

REMINDER: You need to complete the Nutrition Club Checklist and submit it with the completely filled-up Registration Form

Please submit this to the Guard in the Distribution Center or fax it at the indicated fax number or email it at the email stated below.

Contact Person: Lyn Vallejera
Contact Number: (02) 896-9371
Fax No. (02) 7512091
Email: arlenev@herbalife.com

DATE THIS REGISTRATION FORM IS SUBMITTED: _____

RE-SUBMISSION: YES NO

IF YES, PLEASE STATE REASON WHY: _____

DISTRIBUTOR NAME: _____

DISTRIBUTOR ID NUMBER: _____

DISTRIBUTOR UPLINE AND UPLINE PRESIDENT'S TEAM MEMBER: _____

TELEPHONE NUMBER/ACTIVE MOBILE NUMBER: _____

E-MAIL ADDRESS: _____

DATE CLUB IS OPENED: _____

NUTRITION CLUB ADDRESS _____

TYPE OF NUTRITION CLUB: HOME CLUB COMMERCIAL CLUB CENTRAL

Please take note that if you're opening a Central Club, all Owners must submit individually-filled up Registration Form and Checklist and submit together indicating how many Nutrition Club Owners in the Central Club.

Signature of Club Owner Distributor

(Please provide Club location sketch in separate sheet)