

WNY DREAM TEAM ASSOCIATION

Welcome Packet

On behalf of the WNY Dream Team, thank you for your interest in becoming an Association Member. We have an excited year planned and your input, contributions and support are vital to the success of Market America throughout WNY.

With membership in the WNY Association you will be asked to contribute a small part to the success of this area, but will receive numerous benefits in return. The following is a detailed explanation of the Requirements/Rewards of your membership:

ASSOCIATION MEMBER	REQUIREMENTS	REWARDS
	<ul style="list-style-type: none"> • Purchase 3 tickets to each local WNY Event – Events will run in these months: <ul style="list-style-type: none"> ○ March ○ May ○ Sept ○ Dec • Volunteer at least once/month at a hotel UBP, Health Seminar, Local Seminar or other WNY Dream team event 	<ul style="list-style-type: none"> • WNY Dream Team magnetic lapel name tag • VIP check in with guests at local WNY Events: including UBP's, Health Seminars, and/or Local Seminars • VIP entry into room to pick your seat with guests at local WNY Events: including UBP's, Health Seminars, and/or Local Seminars • Invitation to the VIP Coring with guest speaker Friday night prior to Saturday Local Seminars. • Name announced or displayed at each local event during recognition

NEW UPDATE (Please share with your group):

Due to new policies, we will no longer be able to post date checks for local events. All monies (checks and/or credit cards) will be deposited 2 weeks following the event where they were purchased.

DEADLINE TO SUBMIT:

Any current distributor who does not submit their registration information on or before **Monday, March 1, 2010**, will not be able to join the Association until the following year. New distributors will have to wait until open enrollment for the next year.

Please complete the enclosed form and return it to Amy Forrest either by mail, email or fax by March 1, 2010.

Amy Forrest
10 Old Orchard Lane, Orchard Park, NY 1412
WellnessSolutions@roadrunner.com

Fax: 716-648-7116* (This is my home phone/fax – please call ahead so I can turn it on)

WNY DREAM TEAM ASSOCIATION

Registration Form for 2010

(New and Past Association Members **MUST** complete this form for 2010)

Contact Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____ ATG: _____

Email: _____ Pin Level: _____

Yes, I need a name tag No, I have a name tag

As an Association Member, I agree to meet the requirements of the Association, which includes purchasing 3 tickets to 4 WNY Locals this year. In the event, I am unable to pick up my tickets by the event deadline, I understand my credit/debit card will be billed for the amount of the tickets and the tickets will be mailed to me.

Visa/MC Card #: _____ Exp: _____

Signature: _____ Date: _____

VOLUNTEER DUTIES:

(Please check which team(s) you would like to join and the locals you are willing to volunteer at)

<input type="checkbox"/> Administrative Team <i>(Please check months)</i> <input type="checkbox"/> March <input type="checkbox"/> May <input type="checkbox"/> September <input type="checkbox"/> December <input type="checkbox"/> All of the above	<input type="checkbox"/> Physical Team <i>(Please check months)</i> <input type="checkbox"/> March <input type="checkbox"/> May <input type="checkbox"/> September <input type="checkbox"/> December <input type="checkbox"/> All of the above	<input type="checkbox"/> Speaker Team <i>(Please check months)</i> <input type="checkbox"/> March <input type="checkbox"/> May <input type="checkbox"/> September <input type="checkbox"/> December <input type="checkbox"/> All of the above
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UNFRANCHISE BUSINESS PRESENTATION

(Please check any or all they you are willing to assist with)

<input type="checkbox"/> Sign-In Table	<input type="checkbox"/> Opening	<input type="checkbox"/> Products	<input type="checkbox"/> Plan	<input type="checkbox"/> Close
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Please complete the enclosed form and return it to Amy Forrest either by mail, email or fax by **Monday, March 1, 2010!**

WNY ASSOCIATION c/o Amy Forrest
 10 Old Orchard Lane, Orchard Park, NY 14127

WellnessSolutions@roadrunner.com

Fax: 716-648-7116 (This is my home fax, please call # so I can make sure it is turned on)