New Member Application

Phone: **1-800-456-2462**
Fax: **1-800-766-5133**
www.theaimcompanies.com
aimonline@aimintl.com

AIM CANADA ✦ Unit 1, 2827 18th St. N.E. Calgary, Alberta T2E 7K5 ✦ 1-888-343-9977

FOR OFFICE USE ONLY

New Member's ID No. _____

Order Enclosed ☐ Yes ☐ No

Membership Fee Enclosed ☐ Yes ☐ No

Cheque/Money Order No. _____

Sponsor's Name: _____ AIM Member ID No.: _____

Please Print

Applicant's Name: _____
Last First Middle Initial

Co-applicant: _____
Last First Middle Initial

Business Name: _____ (If Applicable)

Sales Tax Exempt No.: _____ (If Applicable)

Applicant S.I.N.: _____

Business Registration No.: _____ (If Applicable)

Home Address:

Name

Address City Province PostalCode

( ) Home Phone

( ) Business Phone or Fax

Ship To:

Name

Address City Province PostalCode

( ) Home Phone

( ) Business Phone or Fax

E-Mail Address: _____ (If Applicable)

Language Preference: _____

New Member's Pledge

The undersigned hereby applies to become a Member of and distribute products marketed by NAIM Canada Inc. o/a AIM Canada (hereafter referred to as the Company), and acknowledges that he/she

1. received, read, and understood a copy of the Company's Member Agreement;
2. shall abide by and be subject to the terms and conditions of the Member Agreement of the Company as they now exist or may be amended;
3. understands that more than one AIM Membership per household is prohibited;
4. upon acceptance as a Member, shall be entitled to purchase product from the Company, build a sales organization, and enjoy benefits available to all Members, in accordance with the Member Agreement, section 1.2, and;
5. understands that a Member does not receive any commission from sponsoring other Members, but that any profits or bonuses will be earned only as a result of the sale of product.

New Member's Signature: _____ Date: _____

Membership Payment — You MUST Complete This Section

☐ **Purchase 50 BVP or more of product — Enclose completed AIM Price List Order Form with your application, OR**

☐ **Pay membership fee — $25.00 CAD (Payment MUST accompany application)**

Payment Type: ☐ Visa ☐ MasterCard ☐ Cheque ☐ Money Order

Card No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date: _____

☐ Cheque/Money Order No.: _____

Cardholder's Name: _____
Last First Middle Initial

Signature: _____

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