MASTER AFFILIATE APPLICATION

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



Application Instructions:

- Call DSC 800.735.4887 when you have reached this level.
 Mail or fax completed form by 2nd day of the following month.

QUALIFYING MASTER AFFILIA	TE INFORMATION	
LAST NAME	FIRST	MIDDLE
RCN OR DISTRIBUTOR ID		
ADDRESS		
(AREA CODE) TELEPHONE NUMBER		
FULLY QUALIFIED MASTER AFFILIATE		RCN NUMBER
	qualification requirements for Master A	(DATE)
CERTIFY QUALIFICATION MET One Month Qualification PGPV of 2,500 in one calc	n	
QUALIFYING MASTER AFFILIATE SIGN OR	IATURE	DATE
FULLY QUALIFIED MASTER AFFILIATE SIGNATURE		DATE
CALL: Distributor Service Center 800.735.4887	MAIL TO: Reliv International, Inc. Distributor Relations P.O. Box 405 Chesterfield, MO 63006-0405	FAX TO: 636.537.9753

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