



Associate Application

90 Walker Drive, Unit 1, Brampton, Ontario L6T 4H6
(905) 458-6100; Fax (905) 458-8881; Customer Service 1-800-265-9163
Toll-Free Fax 1-800-822-4884 www.naturessunshine.ca

Standard Application

For office use only
I.D. # _____
Date: _____

Yes! I wish to register as an Associate:

Business Associate Registration Benefits

- \$20 registration fee or FREE with a \$75 initial order.
- Order products directly from Nature's Sunshine at 20% discount off the retail price.
- Receive a Business Associate Kit containing valuable product and company information to get started.
- Computer tracking of all sales activity.
- Eligible to participate in all benefits outlined in the Marketing Plan.

Applicant Information (Please Type or Print clearly to speed processing. Please ensure you sign this form.)

Last Name _____		First Name _____		Business Name (if applicable) _____	
Mailing Address (include Apt.# and buzzer code) _____		City _____		Province _____	
() _____		() _____			
Postal Code _____	Home Phone _____	FAX Number _____			
Applicant's Social Insurance Number (For tax purposes only) _____			Email address (for VIP Club) _____		VIP Club referral by Sponsor <input type="checkbox"/>
Literature sent in: English <input type="checkbox"/> or French <input type="checkbox"/>					

Shipping Address (If different from above. No PO Box or RR #s please)

Name (If shipping to your place of work please state company name as part of the address) _____

Street Address (include Apt.# and buzzer code) _____		City _____		Province _____	
() _____		() _____			
Postal Code _____	Home Phone _____	Fax Number _____	email _____		

Sponsor Information (Please have sponsor sign the bottom of this form to ensure prompt processing.)

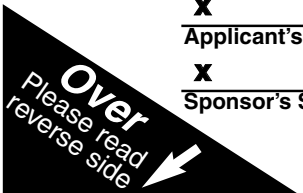
Polubenko Ekaterina _____		1007815 _____	
Sponsor's Name		Sponsor's I.D. Number	
Dechko Olga & Evgenij _____		1001424 _____	
Upline's Name		Upline's I.D. Number	
Referred by _____		Account # _____	

Method of Payment <small>(Please enclose payment and mail to Nature's Sunshine.)</small>				<input type="checkbox"/> <small>(Make payable to Nature's Sunshine Products of Canada Ltd. To avoid delays in receiving your products, if paying by cheque please contact Nature's Sunshine's Customer Service to verify your total.)</small>	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Cheque		
Card No. _____			Expiry Date _____		
Card Holder's Signature X _____					
Please keep my credit card number on file <input type="checkbox"/> Yes <input type="checkbox"/> No					

Important: Read and sign this application form.

I have hereby completed this application to the best of my knowledge and believe this information to be accurate. I have also read the Associate Agreement on the reverse side and do fully understand and agree to comply. Important Privacy Act information on reverse, see items 16, 17 and 18.

X	_____	_____
Applicant's Signature		Date
X	_____	_____
Sponsor's Signature		Date



Associate Agreement

1. No Purchase Requirements (Other than Business Associate Kit) – I understand that there is no financial or purchase requirement to become a Nature’s Sunshine Associate independent sales contractor or to enter, maintain, or advance in the Compensation Plan. In order to familiarize new Associates with Nature’s Sunshine products, services, sales techniques, sales aids, and other matters, and for the sole purpose of facilitating sales, Nature’s Sunshine requires that Associates purchase a Business Associate Kit. Nature’s Sunshine will sell this Business Associate Kit to new Associates at or below its cost. Any products I choose to purchase, including the Business Associate, may be returned for refund under the terms of the “Associate Buy-Back Policy,” below. I understand that this Business Associate Kit does not contain any commissionable products and any products I choose to purchase in connection with becoming an Associate are optional.
2. No Inventory Loading – I am strictly prohibited from purchasing products in commercially unreasonable amounts, which is deemed to be the purchase of more products than an Associate can reasonably resell or consume in a month.
3. I have the right to buy the products offered by Nature's Sunshine for resale in accordance with the Nature's Sunshine's Policies and Procedure Manual
4. Associate Buy-Back Policy – Nature’s Sunshine has a commercially reasonable buy-back guarantee set out in the Policies and Procedures. Your acceptance of this Agreement signifies that you are aware of and have read this buy-back guarantee, and have been informed of the existence of the buy-back guarantee and the manner in which it can be exercised
5. As an independent sales contractor, I shall:
 - a. place primary emphasis on the retail sale of Nature’s Sunshine products.
 - b. be the person ultimately responsible for designing and implementing my own business plan, for carrying on my own business, including deciding on purchases, inventory, selling techniques, business hours and location, hiring of any employees, and all other matters respecting the operation of my own business.
 - c. abide by any and all federal, provincial and local laws, rules and regulations pertaining to this agreement and the acquisition, receipt, storing, selling, distributing or advertising of Nature’s Sunshine products and understand that no employment insurance, social insurance, workers compensation or income tax source deductions will be made or are required to be made by Nature’s Sunshine on my behalf.
 - d. at my own expense, make, execute or file such reports and obtain such licenses as are required by law or public authority with respect to this agreement and the receipt, storing, selling or advertising of Nature’s Sunshine products.
 - e. be solely responsible for the declaration and payment of all local, provincial and federal taxes that may be payable because of my activities or income in connection with this agreement.
 - f. not make any statements or representations regarding Nature’s Sunshine products or its Compensation Plan other than those contained in literature, audios and videos provided by Nature’s Sunshine.
6. I hereby agree to abide by all of Nature’s Sunshine’s Policies and Procedures outlined in the most recently published edition of Nature’s Sunshine Policies and Procedures manual.
7. Upon 30 days notice, Nature’s Sunshine reserves the right to delete, vary or add to the provisions of this agreement or the Policies and Procedures manual from time to time.
8. It is expressly agreed that there are or were no verbal or other written representations, understandings, stipulations, agreements and promises relating to the subject matter of this agreement nor incorporated in writing in this agreement. This agreement along with the Policies and Procedures manual constitutes the entire agreement between the parties.
9. I agree that no income representations whether written or verbal made in connection with advertising, promoting or representing Nature’s Sunshine, may be made without disclosure of Nature’s Sunshine’s typical Associate/ Manager earning in Canada for participants who have been in the plan for at least one year.
10. I hereby acknowledge that I am not authorized to make any diagnosis of any medical condition, make drug related claims for or prescribe Nature’s Sunshine products to treat or cure any disease or condition.
11. The term of this agreement is 1 year. A renewal fee is due on the anniversary of the original sign-up as per the terms of the Policies and Procedures manual.
12. I hereby acknowledge and agree that this Agreement may be terminated by either party without reason or cause, upon giving 30 days written notice to the other party of the termination. Nature’s Sunshine reserves the right to terminate the agreement immediately if I am in material breach of any of the Policies and Procedures. Such breach shall constitute cause.
13. I agree that and understand that this agreement shall not be binding on Nature’s Sunshine nor come into full force and effect until it has been accepted by Nature’s sunshine at its Corporate Office.
14. This agreement shall be governed by the laws of the province of Ontario. If any provision of the agreement is found to be unenforceable or invalid all other provisions and clauses shall remain in full force and effect.
15. Taxes. As an independent Contractor, Associates or Managers, I am responsible for the payment of federal and provincial income taxes, self-employment taxes and any and all other taxes required in respect of my business, or its purchases, under any federal, provincial, regulatory or taxing agency. I acknowledge that as an independent contractor engaged by Nature’s Sunshine, I am not be treated as an employee for purposes of, but not limited to, federal income tax source withholding requirements, provincial employment standards rules, provincial worker’ compensation deductions, federal employment insurance (EI) and CPP deductions, the GST/HST, and other like taxes, and that Nature’s Sunshine will make no withholdings or deductions for same. Nature’s Sunshine reserves the right to make elections with federal or provincial authorities to simplify the collection of GST and Provincial sales taxes including pre-collecting from me GST and Provincial sales taxes payable by customers, including charging GST and provincial sales taxes based on suggested retail selling price of products and purchased materials, based on the address to which the products and materials are shipped.
16. Nature’s Sunshine Products of Canada Ltd collects personal information from its members and retail customers for the purpose of doing business with them. This includes entering into sales contracts and Associate Agreements, shipping products, paying remuneration for sales made, contacting them regarding account and promotional information, publishing recognition in monthly magazine and sharing this information with your sponsor or upline manager. This does not include the selling or transfer of information to third parties for business not related to Nature’s Sunshine Products.
17. The information recorded on this form will be kept at the Nature’s Sunshine Corporate Office and will be used solely for the purpose of enabling Nature’s Sunshine to effectively manage its association with its distributors. Only employees who require knowledge of this information in the performance of their duties will have access to the information. You are entitled to have access to your file or request rectification of information upon a written request to Nature’s Sunshine.
18. I hereby authorize that my social insurance number may be used by Nature’s Sunshine as my personal identification number.