

Member Application

To sign up is very simple: (1) Fill out application below completely; (2) Obtain U.S. Money Order, Certified funds or check in amount of \$70.00 US; (3) **Send Funds, Application and Auto ship Form to address below**; Or if you prefer you can pay by credit card or electronic checking. (4) Once Your Application with funds is received, you will then be given an ID number and your Cyber Store will become permanent, and will be placed on a first come first serve basis into HHC Residual Referral Compensation plan. Your Cyber Stores will be operational immediately upon receipt of application and payment.

Please fill out all the fields below including how you wish to enroll.

Name: _____ **SS/SIN#** _____

Street Address: _____ **City:** _____

State/Province: _____ **Country:** _____ **Zip/Postal:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Sponsor's Name: _____ **Sponsor's ID#** _____

I wish to enroll for the HHC Residual Referral Compensation Plan I understand that my \$70.00 is purchasing: 2 HHC Cyber Stores, Starter kit, 1 CD, 1 information mailing system, life time membership in Healthy-Hearts Club. This includes S&H.

You receive one product of your choice: Please choose one item:

Bone And Joint Extract	Immune Compound
Calcium Extract	Kidney / Bladder Extract
Cell Cleanse Extract	Liver Support Compound
Detoxifier Extract	Male Virility Extract
Female Balance Extract	Natures-Weigh
Foundation Tonic	Pain Extract
Gentleman Extract	Regeneration Extract
Ginseng Extract	Respiratory Extract
Gland Extract	Stabilizer Compound
Heart and Body Extract	Stress Extract

I also understand and agree that in order to be eligible to receive the residual referral checks, I must enroll in the monthly Auto-Ship of The \$60.00. Please initial the box to agree to the above. **Due to the speed at which commissions are paid, all HHC payments for both the new membership sales and the HHC Residual Compensation plan are non refundable.. I understand I will be responsible for any fees incurred as a result of charge backs that I initiate.**

I hereby apply to become an independent member for Healthy-Hearts Club. I have read & understand & agree to abide by the provisions, which are printed in this agreement. I WILL NOT MAKE ANY CLAIMS, WHATSOEVER, OF THERAPEUTIC, MEDICAL OR CURATIVE VALUE OF ANY KIND RELATING TO ANY OF Healthy-Hearts Club PRODUCTS. I understand if I do not abide by all of the conditions of being a member my membership may be terminated by the Company, including the termination & loss of all monies past, present, and future currently owing.

I Agree () Date: _____ **Signature** _____ **Printed Name** _____

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