

1252 Redwood Ave. #56  
Grants Pass, OR 97527  
(916) 412-2372

# SuperSmartFoods

Brought to you by directionH  
A Private Membership Association

## New Member Information

Please Print Clearly

New Member's Name			
Last,	First,	Middle Initial	Social Security or TIN
Mailing Address			
Street or P.O. Box	City	State	Zip
Shipping Address (Street address for UPS and FedEx deliveries if different from above)			
Street	City	State	Zip
Phone Number	Cell Number	email address	

## Thank You Referral Member

Thank You Program Referring Member	Referring Member's Username

## Membership and Payment Options

### Membership Options (Please check your preference)

- \$10 Membership *with* Thank You Program  
Social Security Number Required
- \$10 Membership *without* Thank You Program  
No Social Security Number Required

Δ To participate in the Thank You Program there is a monthly qualifying purchase minimum of 60 points.

Δ If a qualifying purchase is *not* made during a month, commissions will *not* be paid to the position.



### Method of Payment

- Check    Cash    Credit/Debit

_____	
Credit/Debit Card Number	
_____	_____
Exp. Date	Security Code
_____	
Account Holder's Name Printed	
_____	
Account Holder's Billing Address	
_____	_____
Account Holder's Signature	Date

I agree to pay a \$35 service fee in the event payment in any form is returned for any reason. I shall hold directionH™ harmless for all special and consequential damages, whether direct or indirect for any wrongful debt or charge to my account. A member may cancel their membership at any time. The cancellation must be submitted in writing. I understand that membership fees are non-refundable.

\_\_\_\_\_  
Signature of Responsible Person      Date