Your Wellness Journey Begins Heres

Full Name:	Email:	Contact Number(s):
Complete Mailing Address:		
Username:	Password:	4-digit Phone Pin:
Individual Wholesale Member Busines	ss Wholesale Member SS# or EIN (optional):	
CC #: If your name and/or mailing address associated with th	Exp. Date: is credit card is different than above, please check this box and write the information on	CCV:

Select Your Premium Starter Package



Starter kit options that do not include a diffuser: Thieves and NingXia





Select your choice of diffuser from the options below. Note additional cost for Rainstone & Aria options.









□ Cool □ Warm □ Dark 1 □ Dark 4

Select Your Temperature Shade Option
For the Savvy Minerals Kit Above

My signature indicates that I have read and acknowledge Young Living's terms and conditions, membership agreement, and policies & procedures. I understand this information will be utilized to develop an online Young Living account in my name and I will receive a copy of this form by mail within 10 business days. I also approve and understand this form will be sent to Young Living to be kept on file.

Signature Today's Date