



Jeff Doland
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Member Application & Order Form

Applicant A

First Name _____ Middle Initial _____ Last Name _____

Your User Name: www.myvemma.com/ _____

Your Password: _____

Secret Question: _____

Secret Answer: _____

Social Security or Tax ID # _____

Address/Shipping _____

City _____ State _____ Zip Code _____

Day Telephone () _____ Evening Telephone () _____

Fax () _____ Email _____

Applicant B

First Name _____ Middle Initial _____ Last Name _____

What is the relationship of Applicant A to Applicant B: Spouse Relative Friend Business associate

Payment Information

Card Type (Circle) MC Visa Am Ex Discover

Name on card if different from above: _____

Credit Card Number _____

Exp. Date _____

Product

	Quantity		Cost
Vemma	<input type="text"/>	Two Pack	\$60.00
Verve	<input type="text"/>	Case (s)	\$65.00
Sugar Free Verve	<input type="text"/>	Case (s)	\$65.00
V2 Fridge Brick	<input type="text"/>		\$70.00
Verve Shot	<input type="text"/>	Case (s)	\$65.00
SF Verve Shot	<input type="text"/>	Case (s)	\$65.00

*Plus Tax and Shipping