

Membership Form



First & Last Name		Date of Birth	
Co-Applicant Name (if applicable)		Email	
Address		Phone Number	
City		Enroller ID	
State/ZIP		Enroller Name	
Enrolling Sponsor	Phone No. or Wellness Advocate No.	Placement Sponsor (if different)	Phone No. or Wellness Advocate No.

Scan here to see all the kit details and additional enrollment kits.



Scan here to view current product availability



Membership Fee waived for the first year

Free shipping on first order over 100 PV

☐ Wellness Advocate ☐ Wholesale Customer

Product	Quantity	Item Price	Total Price

Subtotal: _____

Tax: _____

Grand Total: _____

☐ Set up LRP ☐ Subscribe and Save

☐ I want to be a Wholesale Customer of dōTERRA International, LLC. I have read and agree to the terms and conditions found on the back of this form and online on doterra.com. I agree that I do not currently have an interest in any dōTERRA account.

Signature

Date