

Licensure/Membership Enrollment

Enroll online

Fax to (480) 786-0913



p 480-628-3929
f 480-786-0913
e drborik@signchido.com
w www.signchido.com

Personal Information

MR MS MRS DR REV PASTOR SR _____

FIRST NAME _____ M.I. _____

LAST NAME _____

TITLE / OCCUPATION _____

AFFILIATE _____

AFFILIATE (CONT) _____

EMAIL ADDRESS _____

WEBSITE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE (_____) _____ FAX (_____) _____

ALTERNATE PHONE (_____) _____

DATE OF FACILITATOR KIT PURCHASE: M_____/D_____/Y_____

PLACE OF PURCHASE CONFERENCE WEB PRESENTATION OTHER

Membership Includes:

- New material every month!
- DVD or music CD
- Complete DVD series bi-annually.
- Personalized Business Cards. SIGNCHIDO Newsletter.
- Teaching tools: i.e. flashcard set, memory building cards, balance builder, etc.
- Facilitator marketing packet to help market the program.
- New 12 week Spiritual Wellness program with companion workbook.
- Inspirational SIGNCHIDO calendar.
- Revised SIGNCHIDO textbook due out 2009.
- Copy of 2 minute commercial due to air nationally in October 2008.
- Embroidered shirt. You provide the shirt-we will have it embroidered with the SIGNCHIDO logo. (2 shirts per year).
- Conditioning/strengthening SIGNCHIDO DVD.
- SIGNCHIDO for Kids when released.
- Invitation to attend the Annual Facilitator Retreat.
- Free monthly training sessions to Phoenix area facilitators.
- Updated Data Disc/Facilitator Manual as updated and released.
- Simple powerpoint presentation to use for presentation purposes.
- Items distributed throughout the year with Complimentary Postage!
- ...and more!

Annual Membership

ONE TIME PAYMENT OF \$300.00 (**\$60.00 SAVINGS ON ANNUAL MEMBERSHIP!**)

MONTHLY PAYMENTS OF \$30.00 / month (**DUE THE FIRST OF EVERY MONTH**)

Membership Dues

MEMBERSHIP DUES

ANNUAL \$ _____

BILL MONTHLY \$ _____

TOTAL (U.S. FUNDS ONLY) \$ _____

WWW.SIGNCHIDO.COM

EWaX, Inc.
P.O. Box 8038
Chandler, AZ 85246-8038

SIGNATURE _____ DATE _____

Signature required for credit card charge authorization - typing name online gives authorization.

Payment made by: VISA MASTERCARD AMEX DISCOVER CHECK (Payable to EWaX, Inc.)

CARD NO. _____ EXP DATE _____

SIGNATURE _____ AMOUNT \$ _____

Signature required for credit card charge authorization - typing name online gives authorization.