

imagine associate form

associate information

Associate ID # _____

First Name: _____

Last Name: _____

Address: _____

Phone No: _____ Mobile No: _____

Email Address: _____

sponsor information

Sponsor Name: _____

ID: _____

This registration allows the above mentioned person to train as an imagine associate in accordance with our industry code of practice. Term & conditions apply

Signature of Associate: _____

Signature of Sponsor: _____

Signature for imagine:  Date: _____

€99 enclosed

Payment Type: *Cheque *Postal Order (*to be attached to this form)

Visa MasterCard Laser

Card No: _____ Expiry Date _____

CVV2 _____



Please send this form, signed by you, by one of the following methods:

FAX to: 01 258 6736

SCAN & EMAIL to: info@2link2all.com