



WorldVentures™ Student Enrollment Form

Personal Information

Full Name (Last, First, Middle)		Social Security/Tax ID/EIN#*	Date of Birth: (must be 18):
Address (NO P.O. Box):		City:	
Address 2:		State/Province	Zip:
Home:	Work:	Mobile:	Fax:
School Attending Currently		Email: (Required):	

*Social Security or Federal Tax ID# is required for all New Member Applicants.

Sponsor Name:	Right or Left Side?	Sponsor ID#:
New Website Name: _____		Password:

Product

LIMITED TIME "Student" OFFER SAVE Over \$200

WorldVentures DreamTrips U with RBS for a total of \$124.98 + \$27.98/month

*Monthly Fees are automatically charged to payment information on file. First month's Fees are charged at the time of purchase. Reps may change payment information on file at any time.

Package Includes:

WorldVentures Student DreamTrips Membership

WorldVentures Student Representative Business System

2 Personalized Websites: www.worldventures.biz and www.dreamtripsu.com

**Please choose ONE Form of Payment. NOTE: No Processing Fee for ACH

EFT Payment

Bank Name: _____	Bank Telephone: _____
City: _____	State: _____ Zip: _____
Routing #: _____	Account Number: _____

Payment

Card Type: <input type="checkbox"/> M/C <input type="checkbox"/> VISA <input type="checkbox"/> AMEX	Billing Phone Number: _____
Name on Card: _____	Card#: _____ Exp. Date: ____/____/____ 3-Digit CV2 Code: _____
Billing Address: _____	City: _____ State: _____ Zip: _____

I have read and understand the Terms & Conditions available at worldventures.biz. I authorize WorldVentures™ Holdings, Inc. to initiate an electric debit to my credit card. This authorization is to remain in full force and effect unless I provide written notification to WorldVentures™ Holdings, Inc. within 5 business days of monthly billing date. I agree to participate in the WorldVentures™ training programs appropriate to my position. I unconditionally agree to all the terms and conditions set forth in this agreement including the terms and conditions set forth in the Policies and Procedures. I have chosen to participate in the above capacity and warrant to WorldVentures™ that I have read and understood this agreement before signing. I understand that participation in this program does NOT guarantee or assure any profits or success. I certify to WorldVentures™ that no such representations of income or success have been made to me by WorldVentures™ or any Independent Associate, or I will notify WorldVentures™ in writing of such representation(s) within (3) days of signing this agreement.

Applicant's Signature: _____ Date: _____