

MEETING SIGN-IN SHEET

Distributors please donate \$5 or \$10 to help with costs
Guests are always FREE



AllXClub Opportunity	Meeting Date:
Presenter:	Place/Room:

If not a member please list name of who sent you * By signing you attest that you are at least of 18 years of age I.D. checked by?

Name	Member Number	# of guest	Email		

