



Lifelong Learning Network, Inc.
Independent Associate Application and Agreement
15739 SE Powell Blvd
Portland, OR 97236-1714
cooplearning.org

 Seller's Name:

 Number: _____ Sponsored School: _____

NEW SUBSCRIBER ASSOCIATE APPLICATION and AGREEMENT THIS IS YOUR PERSONAL APPLICATION

 Name: Last, First, Initial

 Street Address

 City, State, Zip Code

 Home Phone _____ Work Phone _____
 Social Security Number _____ E-Mail Address _____

Terms and Conditions

1. I, the undersigned applicant, am of legal age in the State in which I reside to become a Lifelong Learning Network Associate. Upon approval of this application by Lifelong Learning Network, I will be an independent contractor, responsible for my own business, and not an employee of Lifelong Learning Network. I will not represent myself to be an employee of Lifelong Learning Network and I understand that I am not considered an employee for purposes of the Federal Insurance Contributions Act, the Social Security Act, the Federal Unemployment Tax Act, income tax withholding by Lifelong Learning Network, or any other laws governing employees. I also acknowledge that it is my responsibility to make self-employment and Federal Income Tax payments as required by law.

2. I have received and carefully read the Lifelong Learning Network Policies and Procedures, and the Compensation Plan which are made a part of this Agreement. Responsibilities and rights of Associates are determined by these and other Lifelong Learning Network publications and I agree to abide by them.

3. I agree not to utilize the company trade name, trademark, copyrights or logo in any way other than as is made available or approved in writing by Lifelong Learning Network; or to name Lifelong Learning Network corporate executives or affiliates in any advertising format or medium without the company's written approval.

4. I agree that I will not make any statements or representations regarding Lifelong Learning Network, Inc., the marketing program, income potential or compensation plan other than those provided by Lifelong Learning Network. Nor will I use, quote from, or employ in any written or graphic form any material not provided by or authorized by the company. A violation of this provision may result in my termination as a Lifelong Learning Network Associate.

5. I agree to conduct myself at all times in a legal, ethical manner and to abide by the company's Policies and Procedures. If I fail to comply with all of the terms of this Agreement, the company may terminate me as a Lifelong Learning Network Associate.

6. I acknowledge that to become a Lifelong Learning Network Associate I must pay \$432.00 for a one year subscription to the publications available on the web site. This purchase is necessary to become an Associate. As a Lifelong Learning Network Associate, I may cancel within ninety (90) days and receive a 100% refund.

Initial: _____

7. I may cancel this Agreement at any time by giving written notification to Lifelong Learning Network. This Agreement must be renewed on its anniversary date in accordance with the then existing Company Compensation Plan, Policies, and Procedures.

8. The company may revise the application, policy, procedures, and compensation plan deemed reasonably necessary for the business operation.

9. I understand that this Agreement is personal to me and that my rights, duties, or obligations as an Associate may not be assigned to any other person, partnership, or corporation without the prior written consent of Lifelong Learning Network. Consent will not be unreasonably withheld.

10. I understand that Lifelong Learning Network does not discriminate in its acceptance or rejection of Associate Applicants because of race, creed, sex, color or national origin. Lifelong Learning Network Associate positions are open to all persons who exhibit the requisite business judgment, ethics, responsibility and desire to be an Associate. The company does reserve the right to refuse Associate status to those persons who do not meet such standards.

11. I agree to send the company all sold subscription applications and checks within three days of having sold the subscription.

12. Associates are not guaranteed any specific income and have no assurance of success. Compensation comes from commitment and efforts, and the successful promotion of the program.

13. If any provision in this Agreement is found to be unenforceable or invalid, the validity of the remaining provisions shall not be affected.

14. The Agreement is effective on the date received at the company and shall be governed by the laws of the State of Oregon.

BY SIGNING I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT.

 APPLICANT'S SIGNATURE DATE
 (Agreement not valid unless signed)

Attached is my check for \$432.00

Return To: Lifelong Learning Network Inc.
 15739 SE Powell Blvd
 Portland, OR 97236-1714
 Email: LIFELEARNNET@aol.com