



**SMA Sign Up Form**  
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## STUDENT MARKETING AGENT SIGN UP FORM

### BASIC INFORMATION

Name:		Date:	
Cell Phone Number:		Home Phone Number:	
Email:		Product Name:	

### UNDERSTANDING YOUR SITUATION

Choose the best option	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Only If I have extra time
IF you Join, Specify the number of hours you'll commit for you to grow your business.	
<input type="checkbox"/> Up to 5 hours/week <input type="checkbox"/> Up to 5-10 hours /week <input type="checkbox"/> Up to 10-15 hours /week <input type="checkbox"/> Up to 20 hours or more	
What is your desired monthly income?	
What is your desired annual goal?	

### REASON FOR JOINING

Reason why you want be part of our company?	Have you been part of any business Opportunity in the past?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IF Yes, what type: <input type="checkbox"/> Personal Business <input type="checkbox"/> Franchising <input type="checkbox"/> Networking

### BUSINESS INTEREST

What kind of Business are you interested in?

*I solemnly declare that all the above information is correct to the best of my knowledge and belief.*

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME