

COMMUNITY CO-OP

A Private Association

PLEASE PRINT CLEARLY

ASSOCIATE ID NUMBER: _____ - _____ First/Last Initial Last 4 digits of Phone Number	
Name:	
Mailing Address:	Apt #:
City:	State:
Zip Code:	Phone #:
E-mail Address For clarification, please enter in ALL CAPS :	
Introduced by:	ID#:

I am of legal age to enter into this contract and desire to enter into this personal agreement under the sovereign authority derived from the natural laws of God, and reinforced by Article 1, Sec 10 of the Constitution of the United States of America. I officially subscribe to this non-transferable Agreement to receive any and all benefits provided by Community Co-op, a private contributions network which is a division of ALFE Corporation. I understand that the funds I have submitted for this purchase are not an investment, but a subscription fee. I understand that I will receive a package consisting of all associate benefits and will receive computer and personal services as long as I remain an active business associate in good standing. Furthermore, I'm purchasing this material for my own personal use and not for the sole purpose of receiving consideration from a marketing plan. **I also understand and agree that no refunds will be made and that my commitment to this agreement is firm and unconditional.** I agree to abide by all rules deemed necessary to maintain the integrity of individuals promoting this Co-op, and protect the program from unjustified injury by the actions of others. **I agree to maintain proper records and pay any and all legitimate taxes which may be required by law.** I understand that Community Co-op will NOT act as a withholding agent for any taxing authority, but will simply track and keep me informed on a timely basis. I understand that it is my responsibility to build the downline network from the sales of business materials, NOT the responsibility of Community Co-op or those up-line from me. **I accept and agree there are no guarantees as to the amount of cash distributions made by other associates.** I agree that in case of any issue of complaint that I may have, I will not engage the services of any individual not specifically named in this agreement to act as a mediator, and that no person or agency will be allowed to become third party to this agreement. I have read, understand, and agree to the terms set forth in this agreement.

\$20 Subscription for 12 months of computer tracking for my organization and initial materials I receive.

Amount Submitted: \$ _____
(Money Order or Cash in US Currency)

The Community Co-op Package consists of One Year Membership to On-Line Coupons. (Value \$99). It also includes use of the website and access to all live conference calls.

Signature _____ Date _____

COMPLETE this form and place, along with the appropriate cash or **money order made out to A.L.F.E.** Corporation and mail to the address below. You may choose to send it Priority Mail with U.S. Postal Service Delivery Confirmation so you would have proof of delivery for your records. A.L.F.E. cannot be responsible for lost mail. **Please write legibly to insure correct computer entry for prompt return of your Community Co-op Package and future mailings.**

**THE A.L.F.E. CENTER P.O. BOX 2559 KELLER, TX 76244
PHONE: (817) 428-9665**

FOR OFFICE USE ONLY: REC'D:

KIT:

ENT: