

Your Best Mind

Discover Your Gold Mind.

Application for Entrance into the Your Best Mind Certification Program

Name: _____ Phone No. _____

Address: _____ Email: _____

Business Name: _____ Website: _____

Please answer these questions. You may use an extra sheet of paper if necessary.

1. What is your business? / What do you do?

2. How do you plan to use you're Your Best Mind certification? Will it be in conjunction with your business or are you are creating a business? Explain.

3. If your application is accepted, how rapidly do you plan to move through the certification training? What is your goal date for completion?

4. Do you agree with and are you willing to support the Your Best Mind vision and mission statements?

“The mission of Your Best Mind is to create a shift in the way that people feel about themselves and others. Imagine a world where interactions between people instead of often being filled with frustration and misunderstanding it is filled with great communication and peace. Visualize relationships where spouses or significant others validate the individual personality strengths of each other. Leading to long term healthy happy relationships. Dream if you will about a time when each teen emerges into life full of confidence, high self-esteem, and purpose. Knowing how to make those life and career choices that match their brain personality gifts. It is our vision that by providing an educational and uplifting message

to individuals about their unique brain gifts we can help them to maximize the power of their brain. Not in a metaphysical way but with science. This is the core of what we teach at Your Best Mind.”

Do you agree? Yes No

5. Why do you want to become a certified Your Best Mind representative and why should you be accepted?

6. Is there anything else you would like us to take into consideration?

I understand this application is for consideration for entrance into the Your Best Mind certification program only. It in no way obligates Your Best Mind or myself in any agreement. All information provided by me in this application is true to the best of my knowledge.

Signature

Date

Thank you for your application to the Your Best Mind certification program. If accepted, you will be notified by a Your Best Mind representative. At that time, an agreement will be signed by you and Your Best Mind and a start date as well as curriculum schedule will be established. We look forward to working with you!

Please email, fax or mail this completed application to:

julie@yourbestmindonline.com

Fax: (916) 123-1324
Phone: (916) 913-4407

Julie Anderson
Your Best Mind Certification Program
1234 lkj
Grass Valley, CA 99999