

# Musiterania™.com

## Member Referral Form

The purpose of this form is for a Member to download it, place their information in the place provided and printout to give to their prospective Referrals into the Affiliate Program.

Current Referring Member  
Affiliate Full Name

Full Member Referring Affiliate  
Link:

<https://musiterania.com/?ref=> \_\_\_\_\_

Associate Membership  
Number

Example  
100154

Place Your Associate  
QR Code Here

Sample QR Code



### Referral Affiliate Contact Information

Phone:

Email:

New Member Information			
Name:			
Phone:			
Email:			
<input type="checkbox"/>	I want to join Musiterania™.com and become a part of the affiliate system. (Check Box!)		
<input type="checkbox"/>	I understand that only Maestro Members qualify for commissions. However, I can sign up new members at any time.		
<input type="checkbox"/>	I agree that the Referring Member Affiliate named above be my referring affiliate and that my commissionable purchases be credited to them as long as they stay active. (If they are a Maestro Member)		
<input type="checkbox"/>	If a referral purchases a commissionable product and I am not a Maestro Member I acknowledge that the commission goes to my Referring Affiliate, and so on.		
<input type="checkbox"/>	<b>I am excited to get started with Musiterania™.com acknowledge the above with my signature, printed name and date below.</b>		
<input type="checkbox"/>	<b>There is no charge to become a Basic Member and I owe no money to Musiterania™ until I become a Maestro Member or until I purchase something.</b>		
Signed:			
Printed:			
Today's Date:	Month	Day	Year