



"Where Friends of Good Nutrition Meet Every Day"

MONTHLY DATA FORM

PLEASE PRINT CLEARLY

Name: _____ ID# _____

Date of Opening: _____ City : _____

Phone: _____ E-mail: _____

Year____ Month	Total Members	Average # of members per day	# of Members signed up as distributors	VP consumed in Club	VP Sold to Club Members	Total Volume	Membership fee (per day)	DMO
Jan								
Feb								
Mar								
Apr								
May								
Jun								
Jul								
Aug								
Sep								
Oct								
Nov								
Dec								

Please return the completed form on or before 30th of every month to your local Sales & Marketing Department
Fax: 080-40311334 or Email: salescommindia@herbalife.com