



Application for Education Training Center - 1st Evaluation

1. Center Leader

Full Name		Member ID	
Mastership		Cell Phone #	
Address			
City :	State :	Zip Code :	
E-mail			

➤ Please answer the following questions.

Have you achieved Sales Master 3 times in the past 12months prior today?	(Yes / No)
Is the agent percentage of your right/left group below 30% in the past three months?	(Yes / No)
Have you received any suspension for disciplinary actions in a previous year?	(Yes / No)
Have you attended the One Day Seminar at least 4 times or Success Academy at least 2 times in a previous year?	(Yes / No)

2. Center (proposed)

Center Address			
City :	State :	Zip Code :	
Center Name			
Monthly Rent	\$		
Size	Sq. ft.		

➤ Please answer the following questions.

Does the space meet the center location standard?	(Yes / No)
Is there any accredited Atomy centers near the area?	(Yes / No)

Other details

3. Center Code (Minimum 10 characters) - Desired for Center Program (Happo Order)

Center Leader	ID		Password	
Members	ID		Password	

I certify that all of the above information is true to the best of my knowledge
and believe to be true, correct and complete

Date:

Name: _____ Signature: _____



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|| CEO Hangill Park ||

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