Empower India Movement

NONI Challenge

FAMILY WELLNESS MOVEMENT
SUPPORTERS OF WELLNESS CONSCIOUSNESS
DIVINE NONI

# APPLICATION

Name :

Distributor I.D. No. :

Place :

Please enroll me as Noni Star Club member. I wish to take on the challenge to become (please tick)

- ☐ **FIVE STAR**
- ☐ **MEGA STAR**
- ☐ **SUPER STAR**
- ☐ **TEN STAR**
- ☐ **SILVER STAR**
- ☐ **GOLDEN STAR**
- ☐ **DIAMOND STAR**

Noni Star Club Member and follow the rules & guidance of the **Noni Star Club** for success in my Business & Life. I make this application out of my own free will and choice.

Place :

Date :

Signature


**Noni Family Wellness Movement**

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