



NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

BIRTHDATE (D/M): \_\_\_\_\_

## NEW ASSOCIATE INTERVIEW AND COMMITMENT SHEET

1. Why did you decide to join Isagenix? \_\_\_\_\_
2. What is it about the Network Marketing Industry that attracts you? \_\_\_\_\_  
\_\_\_\_\_
3. Do you have any obstacles or concerns starting this business? Spouse  Time  \$   
Other \_\_\_\_\_
4. I plan to be earning \$ \_\_\_\_\_ per month by my sixth month and \$ \_\_\_\_\_ per month in one year.
5. What are your Health and Weight Loss goals? \_\_\_\_\_  
\_\_\_\_\_
6. When your business is successful, what do you see being different in your life in one year?  
\_\_\_\_\_
7. Are you coachable and willing to follow the system? Yes  No
8. Did you sign up for Autoship? Yes  No
9. How much product did you purchase on your initial order? \$  BV
10. Write down the days and times you will reserve for your business:  
How many hours per day? \_\_\_\_\_ When will you do this? \_\_\_\_\_
11. Are you willing to invest \$ in growing your business? Yes  No   
(Attend conventions, trainings, and tools)
12. Do you like to work on the phone? Yes  No
13. Do you like to work on the internet? Yes  No
14. Do you have a large circle of influence? Yes  No
15. Do you know anyone in Network Marketing or Direct Sales? Yes  No
16. Do you enjoy working with people and making personal contacts? Yes  No

# NEW ASSOCIATE INTERVIEW AND COMMITMENT SHEET

17. Where do you come into contact with people in your daily activities?  
(Shopping, PTA, health club, golf club, church, organizations) \_\_\_\_\_  
\_\_\_\_\_
18. When can we schedule an Isagenix In-Home Presentation with your contacts? \_\_\_\_\_  
or an Isagenix Presentation at a different location of your choice? \_\_\_\_\_
19. What are your personal strengths that will help you in achieving success in this business?  
\_\_\_\_\_
20. What are the areas you would like to strengthen?  
(Computer skills, phone skills, presentation skills, time management, self-motivation . . . ) \_\_\_\_\_  
\_\_\_\_\_
21. Why will you be successful with this business? \_\_\_\_\_  
\_\_\_\_\_
22. What would you like your Sponsor to do to help you become successful? \_\_\_\_\_  
\_\_\_\_\_
23. What is your BELIEF (commitment) level to being successful? 1 - 10
24. Are you registered for our Annual Convention and / or a future training? Yes  No
25. How many people would you like to enroll this month ~ with your Sponsor's help? \_\_\_\_\_

## COMMITMENTS

- I COMMIT TO BUILDING MY ISAGENIX BUSINESS FOR 24 MONTHS. I UNDERSTAND THAT BUILDING A REAL BUSINESS TAKES TIME AND EFFORT.**
- I COMMIT TO GETTING MY TOP TEN NAMES OF PEOPLE INTERESTED IN THE PRODUCTS AND BUSINESS TO MY SPONSOR AS SOON AS POSSIBLE.**
- I COMMIT TO DOING INCOME-PRODUCING ACTIVITIES EVERY DAY . . . THAT IS . . . PROSPECTING, PRESENTING, RECRUITING, RETAILING, TRAINING, AND 3-WAY CALLS.**
- I COMMIT TO REMAIN BEING COACHABLE. I WANT TO LEARN FROM PEOPLE WHO ARE ALREADY SUCCESSFUL.**
- AS MUCH AS POSSIBLE, I COMMIT TO ATTENDING MEETINGS, CONFERENCE CALLS, TRAININGS . . . BY PHONE OR IN PERSON . . . AND LISTENING TO AT LEAST ONE CONFERENCE CALL PER WEEK.**

Signature \_\_\_\_\_ Date \_\_\_\_\_