

NEW MEMBER CHECKLIST: *helping them get started*



Member info:

NAME: _____ PREFERRED METHOD OF CONTACT: _____
(Via Email, Text, Phone Call, WhatsApp, etc)

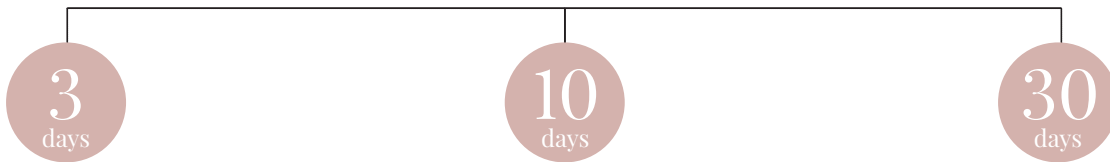
MEMBER #: _____ EMAIL: _____

PHONE #: _____ CITY & STATE: _____

THINGS TO DO UPON ENROLLMENT (AS SOON AS POSSIBLE)

- Sent personal welcome (text, postcard, letter, email)
- Added member to team Facebook group
- Sent 3 month Wellness Consult
- Get YL texts <http://yl.youngliving.com/us-text-signup.html>

Check In with them at...



- | | | |
|---|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Start sending PSK Textables <input type="checkbox"/> Have they gotten the reference guide or app? <input type="checkbox"/> Did they explore the FB group? <input type="checkbox"/> Do they know about the Getting Started training? <input type="checkbox"/> Go through completed Wellness Consult with them | <ul style="list-style-type: none"> <input type="checkbox"/> Did their kit arrive? <input type="checkbox"/> Navigating the Virtual Office <ul style="list-style-type: none"> <input type="checkbox"/> This is Young Living video <input type="checkbox"/> YL's Seed To Seal Process <input type="checkbox"/> YL Blog for DIY/Usage Tips <input type="checkbox"/> Young Living FB page <input type="checkbox"/> Virtual Office Training <input type="checkbox"/> Complete Profile <input type="checkbox"/> YL University <input type="checkbox"/> Essential Rewards | <ul style="list-style-type: none"> <input type="checkbox"/> Schedule follow up calls <ul style="list-style-type: none"> <input type="checkbox"/> How's it going? What are they loving? Date: _____ <input type="checkbox"/> How are they feeling? Date: _____ <input type="checkbox"/> Sent Sample(s) Date: _____ <input type="checkbox"/> Sent Video Date: _____ <input type="checkbox"/> Sent Blog Article Date: _____ <input type="checkbox"/> Other Date: _____ |
|---|--|---|

*If completed before day 10, direct to the product education videos on brendaschuler.com/team

Their Top 3 Wellness Goals:

1. _____

2. _____

3. _____

Products Suggested for Wellness Goals:

1. _____

2. _____

3. _____

Products they're Most Excited about:

1. _____

2. _____

3. _____

<p>How has their health changed?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Who do they want to share with?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>First class scheduled for:</p> <p>_____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Started B2NL Training <input type="checkbox"/> Shared 3rd party resource on Network Marketing opportunity
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MOVIN' ON UP!

- Star
 Senior Star
 Executive
 Silver
 Gold
 Platinum
 Diamond
 CD
 RCD

MOMENTUM