

Fill out the top, make a copy and give to your mentor

NEW MEMBER CHECKLIST: *helping them get started*



Member info:

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

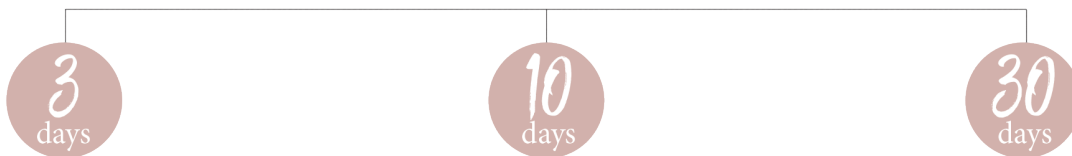
MEMBER #: _____ EMAIL: _____

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="radio"/> Start sending PSK Textables<input type="radio"/> Have they gotten the reference guide or app?<input type="radio"/> Did they explore the FB group?<input type="radio"/> Do they know about the Getting Started training?<input type="radio"/> Go through completed Wellness Consult with them | <ul style="list-style-type: none"><input type="radio"/> Did their kit arrive?<input type="radio"/> 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="radio"/> 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 Getting Started Training is completed before day 10, direct to the product education videos on Vital180.com.

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. _____

MOMENTUM

How has their health changed?

Who do they want to share with?

First class scheduled for:

- ☐ Started B2NL Training
- ☐ Shared 3rd party resource on Network Marketing opportunity

MOVIN' ON UP!

☐ Star ☐ Senior Star ☐ Executive ☐ Silver ☐ Gold ☐ Platinum ☐ Diamond ☐ CD ☐ RCD