

EAGLE VERIFICATION FORM

Eagle Name _____ ADA # _____
 Function Attending _____ Date _____

Upline Platinum _____ Upline Emerald _____
 Upline Diamond _____

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| Did you show the plan at least 3 or more times per week? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Did you generate at least 300PV personal & retail volume? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Did you have 1-3 legs going to function? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Did you develop and service customers? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Are you on SOCD / Streaming and BOM programs? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Do you listen to SOCD / Streaming and read BOM daily? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Do you attend all the functions of this business? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Do you counsel monthly with active system upline? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Do you build your business with integrity & accountability? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Do you communicate regularly with active system upline? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Do you subscribe to Britt Card? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

5 IBOs on SOPs

Name
1.
2.
3.
4.
5.

10 IBOs attending all BWW functions

Name
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

3 IBOs Subscribed to Britt Card

Name
1.
2.
3.

Eagle Signature _____
 Upline Platinum Signature _____
 Upline Diamond Signature _____