



Energetic Matrix Church of Consciousness
A LIMITED LIABILITY COMPANY

Why should I renew my AIM Energetic Balancing Program?

Thank you for your participation in The AIM Program of Energetic Balancing over the past year. Hundreds of people from all over the world have sent emails and letters about their self-healing success stories. We are grateful to have played a part in helping people create the life they desire.

You've reached another milestone. Each year AIM participants make the decision whether to renew. For some with marked improvement or resounding well-being, the choice is easy. As one of our 74-year-old participants said, "I'll always be on The AIM Program. I feel better at 74 than I did at 47!" For others, whose healing has been more subtle, the choice may not be as obvious. We suggest you not only ask yourself, but also inquire with your friends and family regarding any changes they've noticed in you.

We hope you will continue on your wellness journey with The AIM Program. Though most or all of your active, chronic and hereditary energetic imbalances have cleared, deep or persistent imbalances can take some people longer than a year to clear. Also, new energetic imbalance frequencies are revealed to EMC² regularly. As soon as these are revealed, the appropriate balancing energies are added to the AIM trays to aid your self-healing process. Staying on the tray means you receive these energies immediately.

Approximately 99 percent of our participants have a life force between 96 and 100 by the one year mark. High life force is not a goal in itself – it marks the beginning of true healing and to heal is to become whole. True wholeness means to include everyone and everything without exception. With your life force at a high level, this energy begins to flow into every area of your life in order to create the life you desire. We hope you will continue to make the commitment to your own self-healing and manifesting your reason for choosing this lifetime. EMC² looks forward to being of service to you on this journey.

Peace and Blessings,

EMC²

"I am now in my 7th year on the AIM Energetic Balancing program. Starting and renewing on AIM is one of the smartest life decisions I've ever made. Since being on the program, I am happier, healthier, more confident and my connection to guidance is much more powerful. I have continued to heal myself on deeper levels over the years. One of my most powerful balancings happened during my 5th year. During the years on AIM my attitude has continued to improve to higher levels of joy and human understanding. I am a better me in everyway. Thank you EMC²."

Patti, Colorado

"I wasn't sure I wanted to stay on the Program, but I'm glad I did. During my 2nd year on The AIM Program, my doctor started reducing my insulin usage from 100 units per day, step by step down to 5. In my 3rd year, my doctor took me off insulin altogether. I don't know how it works but I am grateful I stayed on the tray and will continue to renew."

Dwight, Kansas

USE THE FORM ON THE BACK OF THIS PAGE TO RENEW NOW!



AIM PROGRAM RENEWAL FORM

My EMC² IDCode is _____ Please ask your Facilitator if you don't know your EMC² IDCode
(First time applicants, please use the 4-page AIM Program Application Form)

I HEREBY REQUEST ENERGETIC BALANCING FOR A ONE YEAR PERIOD AT THE FOLLOWING COST:
(Note that prices on this form are as of October 2007. All prices are subject to change.)

ADULT <input type="checkbox"/> US\$1000	MINOR CHILD (under 21) <input type="checkbox"/> US\$500	PET <input type="checkbox"/> US\$500	PROPERTY* <input type="checkbox"/> US\$300
SPOUSE <input type="checkbox"/> US\$800	FAMILY PLAN This form is not needed when renewing a Family Plan.		DISABILITY <input type="checkbox"/> US\$500
I am eligible for Spouse pricing because my spouse/partner is already receiving AIM or is applying now. His/her name is _____			I meet EMC²'s permanent-disability criteria and am including legal documentation along with this application.

* Please note that AIM for Property must be paid-in-full. Property receives 12 months for US\$300; there are no bonus months.

PAYMENT OPTIONS Please check/fill-in all applicable boxes under EITHER Option 1 OR Option 2 - Leave payment section blank for Family Plan

OPTION 1: RECEIVE BONUS TIME FOR PAYMENT IN FULL (Except Property which must be paid-in-full for 12 months of AIM)

I wish to pay in full for one year of AIM. Please give me 2 free bonus months for a total of 14 months.

Please charge US\$_____ for payment in full to the credit card I've given you below.

I am enclosing a check money order in the amount of US\$_____ made out to EMC² for payment in full.

OPTION 2: PAYMENT PLAN (Please note that Property must be paid in full)
(Except for the initial payment, all payments must be paid via credit/debit card. EMC² cannot accept checks for subsequent payments.)

I wish to make 10 monthly payments via credit/debit card for 12 months of AIM. My payments will be:

\$100 Adult \$80 Spouse \$50 Minor child \$50 Pet \$50 Disability (Property must be paid in full)

Please charge all payments to the credit card I've given you below.

Please charge all payments to the credit card I've given you below, except the initial payment for which I am enclosing a check money order in the amount of US\$_____ made out to EMC².

I agree that all purchases of Energetic Balancing are final and there are no refunds.
I agree that an executed photocopy or executed facsimile copy or digitally-archived or photographically-archived copy of this document shall have the same force and effect as an executed original document.

SIGNATURE REQUIRED

X

Applicant's Name (please print) _____ Applicant's (or parent/guardian/owner) Signature _____ Date _____

If signing as Parent/Guardian/Owner, please print your name here: _____

CREDIT/DEBIT CARD INFORMATION (If paying by credit or debit card) VISA OR MASTERCARD ONLY

Name as it appears on card: _____

Visa MC (check one) Number: _____ Expiration Date: _____

I hereby authorize EMC² to charge my credit debit card for services as indicated above.

Authorized Signature: **X** _____ Today's Date: _____

Credit Card Billing Address (if different than home address) _____

City _____ State _____ Zip _____ COUNTRY _____

CHANGED CONTACT INFORMATION Please let us know if any of the following information has changed.

Address _____

City _____ State _____ Zip _____ COUNTRY _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____ Fax (____) _____

E-Mail _____

OFFICE USE ONLY

FACILITATOR

Facilitator ID Code _____