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WellnessAK Affiliate Application

First Name

Last Name

E-mail

Website Address

What is your primary occupation?

Please describe your website and the type of content and focus:

If known, please describe the demographic of your audience:

Please describe all of the ways you intend to use Affiliate Linking:
(Your answer will not limit your options)

Is there anything else you would like to tell us to help us make a decision regarding this Application?

Save and attach to an email to: karen@wellnessAK.com
Please allow two business days for a response. Thank you.