



TETHERSOL AFFILIATE PROGRAM

OFFICIAL MEMBERSHIP APPLICATION FORM

SECTION 1: APPLICANT INFORMATION

Please provide the following details. All fields are mandatory unless otherwise specified.

Full Name: _____

Email Address: _____

Primary Solana Wallet Address (for commissions):

Phone Number (optional) : _____

Referral Code (if applicable): _____

SECTION 2: AGREEMENT & SIGNATURE

By signing this application, I hereby certify that all information provided is true, correct, and complete to the best of my knowledge. I acknowledge that I have read, understood, and agree to be bound by the terms and conditions of the Tethersol Affiliate Program.

Applicant Signature:

Date:

SECTION 3: SUBMISSION INSTRUCTIONS

1. **Complete the Form:** Fill out all required fields in Section 1.
2. **Sign the Form:** Provide your signature (digital or handwritten) and the date in Section 2.
3. **Submit via Email:** Scan or save the completed form and email it to the Affiliate Program administration at: team@tethersum.com

Your application will be reviewed, and you will be notified of your membership status via the email address provided above.