



Look Good. Feel Good. Be Good.

INDEPENDENT CONTRACTOR REGISTRATION FORM

Personal Information

First name: _____ M.I.: _____ Last name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: (____) _____

State Board License number: _____ Occupation _____

Barbershop/ Beauty Salon Information

Barbershop/Beauty Salon name: _____

Address: _____ City: _____ State: _____ Zip: _____

Shop/Salon telephone number: (____) _____

Shop/Salon License number: _____

Shop Owner Yes No

Agreement

I certify, under penalty and perjury: (initial by each certification)

_____ The information provided in this registration form is true and correct to the best of my knowledge; I acknowledge that willfully providing false or fraudulent information is punishable by fine, imprisonment, and termination from all WeFAM associations,

_____ I acknowledge and understand that registering with WeFAM, Inc. allows my acceptance of WeFAM Vouchers as a form of payment only. WeFAM is not responsible for my equipment or products, rent, utility bills, insurance, licenses or law suits.

_____ I acknowledge that 10% of each transaction will be automatically be donated back to WeFAM, Inc. to maintain sustainability; I acknowledge that the accumulation of the donated funds are State and Federal tax deductible,

_____ I acknowledge and understand that discrimination is intolerable against any persons on the grounds of race, color, age, marital status, familiar status, national origin, ancestry, sex, mental disability, learning disability, lawful source of income, sexual orientation, or physical disability (including but not limited to blindness or deafness),

_____ I acknowledge and consent to my registration information being divulged to the administrator(s) of WeFAM, Inc. and/or its agents for the purpose of maintaining the information in a database.

Contractor Signature: _____ Date: _____