

# *Donavon Modeling*

## **Affiliate Hair Stylist Network (AHSN) Program Agreement**

**As a hair stylist meeting the membership guidelines established by Donavon Modeling, I am applying for membership into the Donavon Modeling AHSN Program. I have read, understand and fully agree with all terms set forth in the Affiliate Hair Stylist Network Program.**

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Signature of Acceptance

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Date

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Printed Name

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Name of Business

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Business Address

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Home / Business Phone Number

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E-Mail Address

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Website Address