

Parent Details

Name: _____

Telephone No.: _____

I, the undersigned, hereby represent and warrant that I am the parent or legal guardian of _____
(name of Wellness Advocate applicant), with the tax identification number (TIN) of _____ (“My Child”).

I hereby consent and agree to My Child signing a dōTERRA Wellness Advocate agreement and conducting business pursuant thereto. I acknowledge that a copy of the Wellness Advocate agreement and Policy Manual (together, the “Contract”) can be viewed at https://www.doterra.com/TH/en_TH and I fully understand the terms of the Contract and the obligations of a Wellness Advocate thereunder.

Name: _____

Signature: _____

Date: _____

*Required documents : copy of ID cards of the parents or legal guardian