



### Wig Application

For the fastest approval please be sure to fill ALL information in this application and send along with required documents by **certified** mail

Hair We Share  
4 Expressway Plaza Ste. LL14  
Roslyn Heights NY 11577

#### Required documents to include:

- **Most recent tax returns or other proof of income that verify financial status**
- **Doctor's prescription/reason of hair loss**

Please print clearly

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*If under 18: Parent or Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Once all required documents are reviewed and approved (this may take up to one week from the date received) by our Board of Directors we will contact you to design the wig. We will need head measurements, instructions to measure can be found at [www.popwigsusa.com/designyourwig](http://www.popwigsusa.com/designyourwig). Only one application per calendar year per person will be considered.