

Membership Application

Please print clearly. Complete appropriate sections of the form and mark all boxes which apply to you. **Remember to sign your membership application before submitting.**

Eligibility

1. Member

On the date of application, the applicant shall be employed, a student of or otherwise associated with the cosmetology industry. All members must adhere to the BeautyCouncil's Professional Code of Conduct, www.beautycouncil.ca.

Annual membership term is from January 1- December 31.

2. Corporate Member

Corporate Members are Salons or Spas, Salon/Spa Owners, Schools, School Owners, Home Based Business Owners, Manufacturers & Distributors.

All Applicants

Please forward the completed application form to BeautyCouncil by mail to 899 West 8th Ave, Vancouver, BC, V5Z 1E3 or fax to 604-871-0299. Applications can also be completed on-line at www.beautycouncil.ca or by phone at 1-800-663-9283 (toll free in BC) / 604-871-0222.

Dues

Please enclose a cheque or money order payable to BeautyCouncil or complete the credit card information below. No post dated cheques. **DO NOT MAIL CASH.** A fee of \$20 will be levied for dishonoured or NSF Cheques. **MEMBERSHIP FEES ARE NON-REFUNDABLE. MEMBERSHIP RUSH FEE \$25, conditions apply.**

APPLICANT INFORMATION - PRINT CLEARLY

BeautyCouncil Membership Number:		Last Name:	
First Name and Middle Name:			Email:
Home Address:			
City:		Province:	Postal Code:
Home Phone:		Cell Phone:	Home Fax:
SIN #:	Date of Birth: <i>mm/dd/yyyy</i>		Gender: <input type="checkbox"/> M <input type="checkbox"/> F

EMPLOYMENT / BUSINESS INFORMATION

Salon or Employer:			
Business Address:			
City		Province:	Postal Code:
Business Phone:	Business Fax:	Business Email:	
Contact Person:			Mail delivered to: <input type="checkbox"/> Home <input type="checkbox"/> Business

FOR OFFICE USE ONLY

\$20	\$25	\$65	\$100	OTHER \$	CASH	M. ODR	CHEQ	DEB	VISA	M/C
------	------	------	-------	----------	------	--------	------	-----	------	-----

