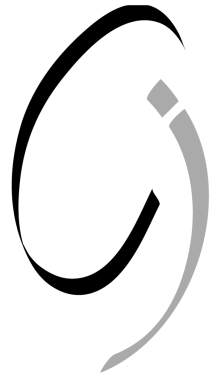


Application for Student Permit

Please print clearly. Complete all sections of the form and mark all boxes which apply to you. Please remember to sign the Student Permit Card application before submitting.



All Applicants

- Applications will not be processed unless fully completed and accompanied by payment in full. Registration fee is \$15.00 per permit. A cheque or money order made payable to the CIABC must be attached or complete the credit card section below. A fee of \$20 will be charged for dishonoured or NSF cheques. DO NOT MAIL CASH. FEES ARE NON-REFUNDABLE.
- Fee includes both Permit Card and 1 year free membership with the CIABC. If you are applying after June 1, please indicate which year of membership you prefer. Current Year Following Year

APPLICANT INFORMATION - PRINT CLEARLY

Last Name:			
First Name and Middle Name:			Sex: <input type="checkbox"/> M <input type="checkbox"/> F
SIN #:	Date of Birth: <i>mm/dd/yyyy</i>	Personal Email:	
Home Phone:	Fax:	Cell Phone:	
Home Address:			
City:		Province:	Postal Code:
Program: <input type="checkbox"/> Hairdressing <input type="checkbox"/> Esthetics <input type="checkbox"/> Nail Technology <input type="checkbox"/> Barbering <input type="checkbox"/> Other: _____			

STATEMENT OF APPLICATION

I hereby apply for student permit in the Cosmetology Industry Association of BC and verify that all information contained in this application is true.

_____ Date (mm/dd/yyyy)

_____ Signature of Applicant

TO BE COMPLETED BY SCHOOL PROPRIETOR - PRINT CLEARLY

The applicant for a student permit card, whose name appears herein, has enrolled in the indicated program above.

Program Start Date: _____ (mm/dd/yyyy) Program End Date: _____ (mm/dd/yyyy)

_____ Printed name of Proprietor _____ School Name

_____ Signature of Proprietor _____ Location of School (city only)

PAYMENT

<input type="checkbox"/> Cheque	_____	_____	_____
<input type="checkbox"/> Money Order	Credit Card Number	_____	Expiry Date (mm/yy)
<input type="checkbox"/> VISA	Name of Cardholder	_____	
<input type="checkbox"/> MasterCard	_____	_____	
	Signature of Cardholder	_____	Date (mm/dd/yyyy)

FOR OFFICE USE ONLY

\$15	Other \$	CASH	M. ORDER	CHEQ	DEBIT	VISA	M/C
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