

SOCIETY OF PERMANENT COSMETIC PROFESSIONALS

69 North Broadway, Des Plaines, IL 60016 Phone: 847-635-1330 Fax: 847-635-1326

Application for Professional Membership

Professional Membership is for the permanent cosmetic technician (individual, not business) currently practicing in the industry or recently completing a course of study. All Professional Members have full voting privileges.

Individual Name: _____	Years in Permanent Cosmetics: _____			
Business Name: _____				
Business Address: _____	City: _____ State: _____ Zip: _____			
Mailing Address: (if different) _____	City: _____ State: _____ Zip: _____			
Bus Phone: _____	Fax: _____ Home phone: _____			
Cell: _____	Email: _____ Website: _____			
I DO NOT wish to be listed in the Annual Membership directory. Check here: <input type="checkbox"/>				
How did you hear about the SPCP? _____				
MACHINES/DEVICES USED:				
<input type="checkbox"/> COIL	<input type="checkbox"/> ROTARY PEN	<input type="checkbox"/> ROTARY DIGITAL	<input type="checkbox"/> OTHER ROTARY	<input type="checkbox"/> MANUAL TOOL
MANUFACTURER(S): _____				

Membership fees are \$195 annually. Renewals are due one month prior to membership expiration.

I have read the application for membership, including the CODE of ETHICS and agree to abide by the terms thereof. For the purpose of communication or dissemination of important SPCP information or materials, the SPCP may contact me via telephone, e-mail, or fax unless otherwise indicated by me, in writing.

Signed: _____ Date: _____

TECHNICIAN REFERRAL PROGRAM (OPTIONAL)

The technician referral program is \$75 annually.

Technician liability insurance is required to participate in the referral program.

A copy of a business brochure must be submitted with this application. (SPCP brochures may be purchased.)

The above listed **business phone and address** will be listed on the SPCP website and disseminated to inquirers.

If a first year member, the listing will be marked "**New Member**" until the first renewal.

I have read and agree to the above participation provisions of the Technician Referral Program. I understand that if my website lists supplies or offers training and I am not an SPCP supplier or trainer member, I will only list an email address and not a website. I agree that I will only post before and after procedural photos of my own work on my website unless there is a disclaimer with each photo. In consideration of my use of a link to and/or from the SPCP website, I agree to indemnify and hold harmless the SPCP from any loss and expense as a result of any claim or loss arising from my activities.

Signed: _____ Date: _____

I have included: \$195 as my dues, or \$200 as my dues and P/H for a print copy of the SPCP Bylaws
 \$75 for the Technician Referral Program

TOTAL: \$ _____ **PAYMENT METHOD:** Check Visa MasterCard AmEx

ACCOUNT NUMBER: _____ **EXP:** _____ **CVS#** _____

NAME AS IT APPEARS ON THE CARD: _____

SIGNATURE: _____

*** SPCP dues are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense. Consult your accountant. Membership dues or related fees are non-refundable.
This form expires 12/31/08**