

# MEMBERSHIP APPLICATION

(Please Print)

(Mr.) (Ms.) (Mrs.)

Name – as you would like it to appear on your membership card

Home Address

City

State

Zip Code

( )

Home Phone

Salon Name

Salon Address

City

State

Zip Code

( )

Business Phone

Please check the appropriate box:

- |  |  |
|--|--|
| <input type="checkbox"/> Barber                                  | <input type="checkbox"/> Nail Technician         |
| <input type="checkbox"/> Colorist                                | <input type="checkbox"/> Nail Technology Teacher |
| <input type="checkbox"/> Cosmetology Teacher                     | <input type="checkbox"/> Stylist                 |
| <input type="checkbox"/> Esthetician                             | <input type="checkbox"/> Retired/Non-Practicing  |
| <input type="checkbox"/> Esthetics Teacher                       | <input type="checkbox"/> Salon Employee          |
| <input type="checkbox"/> Make-up Artist                          | <input type="checkbox"/> Salon Owner/Manager     |
| <input type="checkbox"/> Massage Therapist                       | <input type="checkbox"/> School Owner            |
| <input type="checkbox"/> Independent Contractor/<br>Booth Renter | <input type="checkbox"/> Student                 |
|  | <input type="checkbox"/> Other _____             |

E-mail Address

Website Address

Please check where you would like CC mail delivered:

- Home       Business

State and Professional License Number

Date of birth: month/day/year

I am applying for the following CC membership:

CC Regular Member (\$115)

CC Student Member (\$35)

Individuals who are enrolled in a school to study cosmetology, but who are not licensed. Student members are not allowed to vote at business meetings or in official proceedings and cannot serve as officers of the association.

(please select one)

**Application must be accompanied by annual dues payment.**

Dues may be paid with the following credit cards:

- Visa       MasterCard

Credit card number

Expiration Date

Printed Name as it appears on card

I hereby agree to abide by the Cosmetologists Chicago bylaws and regulations currently in effect and any changes that may be made in the future.

Applicant's signature

Date

CC Memberships Regular (\$115) and Student (\$35) membership fees are valid from January 1, 2010 through December 31, 2010 and must be postmarked accordingly. This membership includes admission to the 2010 America's Beauty Show. Individuals, not companies, may join as members. A membership may not be transferred from one individual to another.

Your membership card will be mailed to you.

Note: Contributions or gifts to Cosmetologists Chicago are not deductible as charitable contributions for federal tax purposes. Payment of membership dues may be deductible as an ordinary and necessary business expense. Due to lobbying efforts on your behalf 15% of your dues are not deductible for federal income tax purposes.

Please consult your tax advisor for specific advice.

**Cosmetologists Chicago®**  
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**www.AmericasBeautyShow.com**