

## 2019 Membership Renewal Form

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](http://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 203 – 8047 199 St. Langley, BC V2Y 0E2 or fax to 604-871-0299. Applications can also be completed on-line at [www.beautycouncil.ca](http://www.beautycouncil.ca) or by phone at 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:
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	\$30	\$65	\$100	\$150	OTHER \$	CASH	M. ODR	CHEQ	DEB	VISA	M/C
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**INDUSTRY CATEGORY – MARK ALL THAT APPLY**
 Hairdresser   
  Esthetician   
  Nail Technician   
  Barber   
  Makeup Artist   
  Other: \_\_\_\_\_

<b>Honoree/Trainee</b> \$30.00+GST <b>= \$31.50</b> <i>Certificate In Individual Name</i>	<b>Individual</b> \$65.00+GST <b>= \$68.25</b> <i>Certificate In Individual Name</i>	<b>Company</b> \$100.00+GST <b>= \$105.00</b> <i>Certificate In Individual &amp; Company Name</i>	<b>Company + Individual</b> \$150.00+GST <b>= \$157.50</b> <i>Certificate In Individual &amp; Company Name</i>
<input type="checkbox"/> Student Permit*  <input type="checkbox"/> Apprentice Permit* <i>* Proof of eligibility required. Must be currently attending school or be active in an employer-sponsored apprenticeship. Must include student or apprentice permit application, downloadable from <a href="http://www.beautycouncil.ca">www.beautycouncil.ca</a>.</i>  <input type="checkbox"/> Honourable(Over 65+ years of age & retired)	<input type="checkbox"/> Employee  <input type="checkbox"/> Teacher/Instructor  <input type="checkbox"/> Sales Representative  <input type="checkbox"/> Mobile Service  <input type="checkbox"/> Chair or Space Renter  <input type="checkbox"/> Currently Not Working In The Industry	<input type="checkbox"/> School  <input type="checkbox"/> Salon/Spa  <input type="checkbox"/> Manufacturer  <input type="checkbox"/> Distributor  <input type="checkbox"/> Home Based Business	<input type="checkbox"/> School + Owner  <input type="checkbox"/> Salon or Spa + Owner  <input type="checkbox"/> Manufacturer + Owner  <input type="checkbox"/> Distributor + Owner

**CERTIFICATE OF QUALIFICATION REQUEST**

To obtain a **reprint** due to a name change or loss of certificate, please complete the following. The fee indicated below is for current members only. If you request a name change, you must provide legal proof.

 Full Size - \$20.00 each

 Wallet Size - \$20.00 each

*\*Note: A fee of \$150.00 per reprint is charged to non-members. RUSH fee \$25, conditions apply.*

**STATEMENT OF APPLICANT**

I hereby apply for a BeautyCouncil membership and agree to adhere to the Code of Conduct. All information contained in this application is true.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

**BeautyCouncil is bound by the BC Protection of Information Act and will not provide or offer member's personal information to any third party.**

**PAYMENT**

- Cheque
- Money Order
- VISA
- MasterCard

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Credit Card Number

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Expiry Date(mm/yy)

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Security Code

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Name of Cardholder

**Annual membership term is from January 1- December 31.**

\_\_\_\_\_  
Signature (as appears on card)

\_\_\_\_\_  
Date (mm/dd/yyyy)