

# Application for Student Card

- Applications will not be processed unless fully completed and accompanied by payment in full. Registration fee is **\$30.00+GST= \$31.50** per card. A cheque or money order made payable to BeautyCouncil 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.**
- Applicant must be currently registered at a recognized school or institution. Student cards cannot be issued for applicants who have already completed their training.

Please complete all applicable \* mandatory fields

## APPLICANT INFORMATION – PRINT CLEARLY

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

## STATEMENT OF APPLICATION

I hereby apply for a BeautyCouncil student card and verify that all information contained in this application is true.

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

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

## TO BE COMPLETED BY SCHOOL ADMINISTRATOR – PRINT CLEARLY

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

\*Program Start Date: \_\_\_\_\_ \*Program End Date: \_\_\_\_\_  
 (mm/dd/yyyy) (mm/dd/yyyy)

\_\_\_\_\_  
Printed name of Proprietor

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Signature of Proprietor

\_\_\_\_\_  
Location of School (street & city)

## PAYMENT – Registration fee \$30.00 + GST = \$31.50

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

## FOR OFFICE USE ONLY

\$31.50	Other \$	CASH	M. ORDER	CHEQ	DEBIT	VISA	M/C
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