

ASSOCIATE MEMBERSHIP APPLICATION FORM

Please complete the form below and return to Ellie Agius, Hairdressing Council. 30 Sydenham Road, Surrey, CR0 2EF. You may also e-mail the information to ellie@haircouncil.org.uk

The fee to register is £35 per person

I require a frame at £8

- Cheques should be made payable the Hairdressing Council
- You can call with credit/debit card details on 02087607014
- For Direct Debit, please request a mandate form
- Bank details for faster payment are:
Coutts & Co 18-00-02 Ac/No. 02705648 Ac/Name. Hairdressing Council

Your Details.

Full Name _____

Address _____

_____ Post Code _____

E-mail Address _____

Mobile Number _____ Home Number _____

Work details.

Job Title _____

Business Name _____

Address _____

_____ Post Code _____

Phone Number _____ I have worked in the industry for _____ years.

How did you hear about us? _____

I hereby apply for the associate membership and enclose the appropriate fee. Should this application be unsuccessful I understand the fee will be returned. Should my application be successful, I understand my name will be added to the Hair Council's Associate Register for a period of twelve months. I also understand a fee will apply for each year, or part year, I am a member. If, at any future time, I wish my name removed from the associate register, I undertake to advise the Hair Council in writing no less than two months prior to the date of expiry of the certificate of registration held by me at the time.

Signature _____

Date _____