



Association of Cosmetology Salon Professionals

Membership Application

(Please print!)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Bus Phone: (_____) _____

Email: _____

Primary Area of Practice:

- | | |
|--|---|
| <input type="checkbox"/> Cosmetologist | <input type="checkbox"/> Barber |
| <input type="checkbox"/> Esthetician | <input type="checkbox"/> Other |
| <input type="checkbox"/> Nail Technician | <input type="checkbox"/> Student* |
| | <small>*Student dues \$25.00/yr</small> |

Membership Classification (check one):

- | | |
|--|---|
| <input type="checkbox"/> Salon Owner/Manager | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Salon Employee | <input type="checkbox"/> Non-practicing/Retired |
| <input type="checkbox"/> Booth Renter | <input type="checkbox"/> Other |
| <input type="checkbox"/> School Owner | |

Membership Dues (annually)

ACSP State & Local Membership \$65.00

Total Enclosed _____

Please allow 4-5 weeks to receive your membership card!

Please mail your check or money order, made payable to ACSP, with this application to:

**ACSP
PO Box 207
Chapin, SC 29036
803.345.2909**

Release signature

I understand that ACSP dues are not deductible as charitable contributions for federal tax purposes. Pursuant to IRS regulations only 65% of your dues is deductible due to lobbying expenditures made by ACSP. I understand, however, that these dues may be deductible as an ordinary expense under Sect. 162 Internal Revenue Code. I understand that no portion of my dues can be refunded once ACSP receives them. I agree to abide by ACSP Bylaws/Constitution now in force or which may hereafter be enacted or amended.

I understand that I am joining the Association of Cosmetology Salon Professionals (ACSP) and will be eligible only for benefits provided by ACSP and that those benefits are subject to change at any time.

Signature: _____