



# Association of Cosmetology Salon Professionals

## Membership Application

(Please print!)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Bus Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Primary Area of Practice:

Cosmetologist

Esthetician

Nail Technician

Barber

Other

Student\*

\*Student dues \$25.00/yr

### Membership Classification (check one):

Salon Owner/Manager

Salon Employee

Booth Renter

School Owner

Educator

Non-practicing/Retired

Other

### 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: \_\_\_\_\_