

SOCIETY OF PERMANENT COSMETIC PROFESSIONALS

69 North Broadway, Des Plaines, IL 60016 Phone: 847-635-1330 Fax: 847-635-1326

Application for Professional or Provisional Membership

Professional Membership is for the permanent cosmetic technician (individual, not business) currently practicing in the industry or recently completing a fundamental training. All members have full voting privileges.

Applicant Name: _____	Date of Fundamental Permanent Cosmetic Training (MM/YYYY): _____
Business Name: _____	
Business Address: _____	City: _____ State: _____ Zip: _____
Mailing Address: (if different) _____	City: _____ State: _____ Zip: _____
Bus. Phone: _____	Fax: _____ Email: _____
Cell Phone: _____	Home: _____ Website: _____
Languages Spoken (Primary): _____	Secondary: _____ Other: _____
How did you hear about the SPCP? (If referred, please list name) _____	
Membership directory listings are automatic unless you choose to opt-out. Check here opt-out of the membership directory: <input type="checkbox"/>	

Membership fees are \$325* annually. Please renew one month prior to expiration – anniversary date will not change.

*I have read the application for membership, including the **CODE of ETHICS** and agree to abide by the terms thereof. For the purpose of communication or dissemination of important SPCP information or materials, the SPCP may contact me via telephone, e-mail, text, social media, or fax unless otherwise indicated by me, in writing. I understand only SPCP Trainer and Supplier members are provided my email address and are the only members authorized by the SPCP to send promotional material or communications to SPCP members, or use SPCP logos in training or supply-related advertising.*

Signed: _____ Date: _____

TECHNICIAN WEBSITE LISTING/REFERRAL PROGRAM (OPTIONAL)

- Proof of 100 hours of industry education is required to be listed.
- **The technician referral program is \$85 annually.** A professional business address, phone number, and liability insurance is required.
- The above listed **business phone and address** will be listed on the SPCP website and disseminated to inquirers.

I have read and agree to the above participation provisions of the Technician Referral Program. I understand that if my website lists supplies or offers training and I am not an SPCP supplier or trainer member, the SPCP will only list an email address, not my website. I agree that I will only post before and after procedural photos of my own work on my website unless there is a disclaimer with each photo. In consideration of my use of a link to and/or from the SPCP website, I agree to indemnify and hold harmless the SPCP from any loss and expense as a result of any claim or loss arising from my activities.

Signed: _____ Date: _____

I have included: \$325 as my dues \$85 for the Technician Referral Program. \$75 each additional listing

TOTAL: \$ _____ PAYMENT METHOD: Check Visa MasterCard AmEx

ACCOUNT NUMBER: _____ EXP: _____ CVC 3-dig: _____

NAME AS IT APPEARS ON THE CARD: _____

SIGNATURE: _____

Enroll me in auto-renewal.
Initial: _____

* SPCP dues/membership fees are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense. Consult your accountant. Membership dues or related fees are nonrefundable for any reason including loss of privileges dues to Code of Ethics violations. Fees current to 12/31/2020, then subject to change.