

# SOCIETY OF PERMANENT COSMETIC PROFESSIONALS

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

## Application for Professional Membership

*Professional Membership is for the permanent cosmetic technician (individual, not business) currently practicing in the industry or recently completing a course of study. All Professional Members have full voting privileges.*

Individual 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: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

I **DO NOT** wish to be listed in the Annual Membership directory. Check here:

How did you hear about the SPCP? (If referred, please list name) \_\_\_\_\_

### MACHINES/DEVICES USED:

COIL  ROTARY PEN  ROTARY DIGITAL  OTHER MACHINE  MANUAL DEVICE

MANUFACTURER(S): \_\_\_\_\_

**Membership fees are \$310\* annually. Renewals are due one month prior to membership expiration.**

*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, or fax unless otherwise indicated by me, in writing. Only SPCP Trainer and Supplier members are authorized by the SPCP to send promotional material or communications to its members.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **TECHNICIAN WEBSITE LISTING/REFERRAL PROGRAM (OPTIONAL)**

**The technician referral program is \$85 annually.** A professional business address and phone number is required.

Proof of 100 hours of education specific to permanent cosmetics must be submitted to admin@spcp.org

Technician liability insurance is required to participate in the referral program.

A copy of a business brochure must be included or to submitted to admin@spcp.org. (SPCP brochures may be purchased.)

The above listed **business phone and address** will be listed on the SPCP website and disseminated to inquirers.

If a first year member, the listing will be marked "**New Member**" until the first renewal.

*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 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:  \$310 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:** \_\_\_\_\_

**\* 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 12/31/2017, then subject to change.**