

Membership Application

Use this form to apply for membership with American Beauty & Barber Association

Name		Company or School (if applicable)	
Address			
City		State / Province	Postal Code
Country		Address Type: <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> School	
Home Phone	Business Phone		Mobile Phone
Email		(As an ABBA member, you agree to receive emails from ABBA.)	
ABBA may provide my contact information to other membership sections and benefit partners for marketing purposes <input type="radio"/> Yes <input type="radio"/> No			
My name may be listed on americanbeautyandbarberprofessional.com for public reference, referral and / or directory purposes. <input type="radio"/> Yes <input type="radio"/> No			

You must be a licensed professional to join the Licensed Beauty Professional category. ABBA will attempt to verify your license with the issuing entity. Please provide:

License Number	License State	License Issued to (Name)
----------------	---------------	--------------------------

INDIVIDUAL MEMBERSHIP	ORGANIZATIONAL MEMBERSHIP
If applying as an individual member - what is your primary role in the industry? Please select one: <input type="checkbox"/> Licensed Cosmetologist <input type="checkbox"/> Licensed Esthetician <input type="checkbox"/> Licensed Nail Technician <input type="checkbox"/> Licensed Barber <input type="checkbox"/> Licensed Massage Therapist <input type="checkbox"/> Unlicensed Professional – Salon Individual <input type="checkbox"/> Unlicensed Professional – Distributor Individual <input type="checkbox"/> Unlicensed Professional – Manufacturer individual <input type="checkbox"/> Unlicensed Professional – Associate / Other Individual <input type="checkbox"/> Other: _____ <input type="checkbox"/> Student	If applying as an organization - what is your primary role in the industry? Please select one: <input type="checkbox"/> Salon with 3+ W2 employees <input type="checkbox"/> Salon with 3+ W2 employees <input type="checkbox"/> School with 3+ W2 employees <input type="checkbox"/> Manufacturer of beauty products <input type="checkbox"/> Manufacturer's representative <input type="checkbox"/> Distributor <input type="checkbox"/> OTC / Store <input type="checkbox"/> Associate (Company serves the beauty industry in an auxiliary capacity (i.e. public relations firms, publishers, printing companies, graphic artists, signage, software companies and other business services). Associate membership is open to all and includes the established benefits of membership. <input type="checkbox"/> Other: _____

Check all categories that apply:

- | | |
|---|--|
| <input type="checkbox"/> Owner / Manager - Salon / Spa (with with 3+ W-2 employees) | <input type="checkbox"/> Booth Renter / Independent Contractor |
| <input type="checkbox"/> Owner /Manager - School | <input type="checkbox"/> Nonpracticing / Retired |
| <input type="checkbox"/> Instructor / Educator | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Self-employed (no employees) | |

DUES - INDIVIDUAL MEMBERSHIP		DUES - ORGANIZATIONAL MEMBERSHIP			
<u>Gross Annual Sales</u>	<u>Dues</u>	<u>Gross Annual Sales</u>	<u>Dues</u>	<u>Gross Annual Sales</u>	<u>Dues</u>
<input type="radio"/> Licensed professional	\$125	<input type="radio"/> less than \$500,000	\$150	<input type="radio"/> \$10 - \$25 million	\$1,250
<input type="radio"/> Unlicensed professional	\$125	<input type="radio"/> \$500,000 - \$1 million	\$250	<input type="radio"/> \$25 - \$50 million	\$1,500
<input type="radio"/> Student	\$75	<input type="radio"/> \$1 - \$2.5 million	\$350	<input type="radio"/> \$50 - \$75 million	\$1,750
		<input type="radio"/> \$2.5 - \$5 million	\$450	<input type="radio"/> \$75 - \$100 million	\$2,000
		<input type="radio"/> \$5 - \$7 million	\$550	<input type="radio"/> \$100 million or more	\$2,500
		<input type="radio"/> \$7 - \$10 million	\$1,000		

PAYMENT		
<input type="radio"/> American Express <input type="radio"/> MasterCard <input type="radio"/> Visa <input type="radio"/> Discover <input type="radio"/> Check or Money Order#: _____		
If paying with credit card, list card#	Expiration Date	Security Code
Name on card	Signature	

By signing here, I authorize the charges to my card.

Forms may be submitted: Fax: (404) 393-9214 • Email: membership@abbassoc.com • 3201 Atlanta Industrial Parkway , Suite 206 | Atlanta, GA 30331

Individual membership is open to:

- Individual owners of establishments where one major function of cosmetology is performed
- Professionals licensed to practice cosmetology or licensed to practice any one of the major functions of cosmetology in states where licenses are required
- Professionals educated or experienced in the performance of any one of the major functions of cosmetology in states where licenses are not required
- Students enrolled in and regularly attend schools licensed or certified to teach cosmetology or one of the major functions of cosmetology
- Apprentices regularly and lawfully engaged as such in establishments that are licensed cosmetology salons
- Unlicensed individual employees of cosmetology establishments (i.e. receptionist, finance manager, etc.)
- Unlicensed individual employees of manufacturers, distributors or associate members

Organizational membership is open to:

Manufacturers, Distributors, Salons/Spas and Associates

- Join the **Manufacturer Section** if your company manufactures or produces beauty and/or barber products for sale to wholesalers and/or distributors in the professional beauty industry and/or salons, or if you are a sales representative for such companies
- Join the **Distributor Section** if the primary company's primary business is purchasing beauty and/or barber products and reselling those products at wholesale to beauty salons, barbershops, and/or beauty cosmetologists, or your company sells beauty products over-the-counter, or you are a sales representative for such companies
- Join the **Salon/Spa Section** if your company provides professional beauty services to the public, or is a licensed cosmetology school. Businesses with 3+ W2 employees are eligible.
- Join the **Associate Section** if your company serves the beauty industry in an auxiliary capacity (i.e. public relations firms, publishers, printing companies, graphic artists, signage, software companies and other business services). Associate membership is open to all and includes the established benefits of membership with the exception of organization voting rights

DO NOT WRITE BELOW THIS SECTION - FOR OFFICE USE ONLY			
Member ID #:			
Member ID Name:			
Payment Amount:			
Payment Method & Confirmation #:			
Processed by:		Process date:	
Other Remarks:			

Forms may be submitted: Fax: (404) 393-9214 • Email: membership@abbassoc.com • 3201 Atlanta Industrial Parkway , Suite 206 | Atlanta, GA 30331