



# American Electrology Association

An International Organization Incorporated 1958

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## NEW MEMBER APPLICATION

TYPE OR PRINT

Your Name \_\_\_\_\_

Business Name (for mailing purposes only) \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Name of electrolysis school attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

List other training/apprenticeship with address and phone \_\_\_\_\_

Are you currently in practice? \_\_\_\_\_ In which state are you practicing? \_\_\_\_\_

In which state are you licensed? \_\_\_\_\_ State license # \_\_\_\_\_

Modality used: Multiple Needle \_\_\_\_\_ Short Wave \_\_\_\_\_ Blend \_\_\_\_\_

Have you taken the International Board of Electrologist Certification test? \_\_\_\_\_ CPE# \_\_\_\_\_

Submit any of the following documentations:

1. Photocopy of diploma from a school of electrology;
2. Notarized affidavit from your apprenticeship instructor;
3. Photocopy of your state license.

Membership year runs from January 1<sup>st</sup> to December 31<sup>st</sup>. Anyone joining AEA after July 1<sup>st</sup> and before November 1<sup>st</sup> shall pay prorated dues for the current year plus the appropriate dues for the next year.

	Before July 1 <sup>st</sup>	After July 1 <sup>st</sup>
AEA annual dues _____	\$ <b>140.00</b>	\$ <b>140.00</b>
Prorated dues for AEA (payable from July 1 <sup>st</sup> to November 1 <sup>st</sup> ) _____	\$ _____	\$ <b>50.00</b>
Prorated Affiliate dues (payable from July 1 <sup>st</sup> to November 1 <sup>st</sup> ) _____	\$ _____	\$ <b>35.00</b>
AEA Affiliate State dues <b>OREGON (OALE)</b> _____	\$ <b>70.00</b>	\$ <b>70.00</b>
Affiliate State initiation fee (if applicable) _____	\$ <b>10.00</b>	\$ <b>10.00</b>
<b>TOTAL</b>	\$ <b>220.00</b>	\$ <b>305.00</b>



*Make check payable to AEA or charge using the form below and mail to the above address.*

CREDIT CARD PAYMENT: VISA, MASTERCARD, DISCOVER (Circle One)

EXPIRATION DATE \_\_\_\_\_ ACCT. #: \_\_\_\_\_

SIGNATURE OF CARDHOLDER \_\_\_\_\_

I understand that membership in the AEA is open to electrologists who practice and/or teach permanent hair removal utilizing needle type devices, and that the privileges of membership may be revoked for noncompliance.

I have read and agree to abide by the AEA code of ethics if I am accepted into membership.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(For office use only) Date received:

Payment:

Check# / Credit Card