



Oregon Association of LICENSED ELECTROLOGISTS

Application for Membership

Date _____ Type _____
(Regular, Assoc, St, Ret)

Name _____
Last First Middle

If you were an OALE Member in the past or had a name change, state previous name and last year of membership

Name _____ Year _____

Business Address

DBA-c/o _____
Street _____
P.O. Box _____
City _____
State _____
Zip _____
Phone (____) _____
Fax (____) _____
E-mail _____

OALE/AEA Combined Dues

<i>Before July 1 (1 year)</i>		<i>AFTER July 1 (1½ years)</i>	
New Member	\$220.00	New Member	\$205.00
Renewal	\$210.00	Renewal	\$295.00

Qualifications

Electrolysis
School: _____
Begin: _____ End: _____
Modality:
 Shortwave Blend
 Galvanic S MN
State License #: _____
State Issued: _____
Date: _____
AEA Memb Cert #: _____
CPE ? : YES NO
Cert #: _____

Mailing Address

Check if Same as Business Address
Street _____
P.O. Box _____
City _____
State _____
Zip _____
Home Phone (____) _____
Fax (____) _____
Bus. Web. _____

If accepted into membership, I agree to abide by the By-laws and Ethics of the Oregon Association of Licensed Electrologists and the American Electrology Association, and I understand that the privileges of membership may be revoked for non-compliance.

Signature _____

Date _____

Accepted _____ Date _____ Membership Number _____

Cert. issued _____ Pin issued _____ By Laws Issued _____ Logos _____

Rejected/revoked _____ Date _____ Reason _____