

HAIR INTERNATIONAL, PENNSYLVANIA

An Association of Barbers & Cosmetologists

102 W. Chocolate Avenue, Hershey, PA 17033

Phone: 717-533-1277

Website: www.HairInternationalPa.com Email: rubyred800@aol.com

Membership Application

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone # _____ Business Tel # _____ Date of Birth _____

County _____ Type of Membership _____ Associate
Regular Email _____

Type of License? _____ (Cosmetologist, Barber, Teacher, etc) License # _____ State: _____

I am: Male _____ Female _____ / Owner: _____ Employee _____ Cosmetology Salon _____ Cosmetology School _____ Barber Shop _____ Barber School _____ / Other (List) _____ Salon/School Name _____ Address: _____ City _____ State: _____ ZIP _____

If accepted into membership I agree to abide by all laws, rules and regulations contained in the constitution and By-Laws of Hair International, Pennsylvania. I understand the provisions of the Hair International, Pennsylvania Constitution stating that I am required to pay dues in accordance with the state office. I agree and affirm that I have carefully read and understand this entire application for membership before affixing my signature.

REMIT WITH APPLICATION: Initiation Fee \$5.00 Annual Dues (Chapter & State) \$87.00. Total: \$92.00. Pay Initiation fee of \$5.00 plus total dues for the year **OR** pay \$5.00 plus \$21.75 for the first quarter. (You will be billed quarterly for the balance). Check or Money Order in the amount of \$_____ is enclosed.

Applicant will be assigned to: Chapter # _____ City _____

NAME OF INDIVIDUAL OR COMPANY SIGNING UP MEMBER: _____

Witness Signature: _____ Applicant Signature _____ Date: _____