



# skin care membership application

25188 Genesee Trail Road, Suite 200, Golden, Colorado 80401 • 800-789-0411 • Fax: 800-790-0299  
getconnected@ascpskincare.com • www.ascpskincare.com • www.skincareprofessionals.com

Legal Name: \_\_\_\_\_  
(First) (Last)

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ To opt out of mailing from vendors, check here

Primary Phone: (\_\_\_\_) \_\_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

(We only use your email address for membership and benefits communications.)

## MEMBERSHIP

Pricing is current as of January 2014 and is subject to change.

select one

- Professional \$259/year \$ \_\_\_\_\_
- Student \$59/year \$ \_\_\_\_\_
- Supporting (no liability insurance) \$95/year \$ \_\_\_\_\_

### Business Personal Property (Optional)

(All losses are subject to a \$250 deductible; theft/burglary losses are subject to a \$500 deductible—please see insurance policy for more information.) We will forward your request to the insurance company for review and processing.

Add \$95 per year—\$10,000 Business Equipment Insurance \$ \_\_\_\_\_

Add \$250 per year—\$25,000 Business Equipment Insurance \$ \_\_\_\_\_

### Additional Professions

Copy of state license, where applicable, or proof of training must be provided.

**Message, Hair, or Nail Professional Membership**—If you are also a qualified massage, hair, or nail professional and wish to be supported in, and insured for, that work, you have the ability to join both ASCP and our sister organizations, Associated Bodywork & Massage Professionals and/or Associated Hair Professionals at no additional charge for a single, combined membership fee:

- Message or bodywork (ABMP Certified) 500+ hours training NO EXTRA CHARGE
- Message or bodywork (ABMP Professional) 500+ hours and/or state license NO EXTRA CHARGE
- Message or bodywork (ABMP Practitioner) less than 500 hours training NO EXTRA CHARGE
- Barber or hairstylist (AHP Professional) NO EXTRA CHARGE
- Nail professional (AHP Professional) NO EXTRA CHARGE

**TOTAL** \$ \_\_\_\_\_

## WHERE DID YOU HEAR ABOUT US?

- School (indicated in next section)
- From a member (name or member ID): \_\_\_\_\_
- At trade show/event: \_\_\_\_\_
- From vendor: \_\_\_\_\_
- Other: \_\_\_\_\_

**FOR ASCP USE ONLY** Member ID No. \_\_\_\_\_

## TRAINING & LICENSE

Copy of state license or school documents must accompany application. Original documents cannot be returned.

**Eligibility Requirements** If you practice in a state that regulates esthetics or skin care, you must have a valid license from that state. If you practice in a state that does not regulate esthetics or skin care, you must have a valid cosmetology license or certificate of skin care training. Student members must complete school information only.

State of Licensure: \_\_\_\_\_ Lic. No. \_\_\_\_\_

Esthetician Training School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Length of Course: \_\_\_\_\_ hours Completion Date: \_\_\_\_\_

Training or License for Other Services You Provide (if applicable)

- Massage  Hair  Barber  Nails

State of Licensure: \_\_\_\_\_ Lic. No. \_\_\_\_\_

School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Length of Course: \_\_\_\_\_ hours Completion Date: \_\_\_\_\_

NCBTMB status: Currently Certified  Lapsed  Never Certified

## PAYMENT METHOD

**DO NOT SEND CASH.** A \$25 charge will be assessed on all returned checks. All fees must be paid in U.S. dollars. All fees paid to ASCP are nonrefundable once your application is accepted.

- Check/Money Order  Credit Card

Name & address of cardholder (if different from applicant)

Signature: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

CCV

Exp. Date

month year

Card Number (print clearly)

## SERVICE HISTORY

As a condition for membership and insurance coverage, by my signature below, I also represent and warrant that (1) no malpractice or negligence allegation has ever been asserted against me, nor has there ever been any event or indication suggesting a claim may be made or that my care caused harm; (2) I have never been convicted of any violation of law other than a minor traffic offense; and (3) no agency or association has investigated or taken any action against me or my license.

## SIGN & DATE

If you also elected to become a member of our sister organizations, Associated Bodywork & Massage Professionals (ABMP) and/or Associated Hair Professionals (AHP), your terms agreement applies to both organizations.

**Membership terms: Your signature is required.** Faxed, computer scanned signatures, and/or electronic acknowledgements are considered legal and binding. I consent to you providing me with Insurance Policy Documents electronically and understand that I may withdraw that consent at any time and request paper copies of my Insurance Policy Documents.

I understand that membership fees paid by me to ASCP are nonrefundable, nontransferable, and will not be prorated.

I have completed the ASCP membership application honestly and accurately. I understand that ASCP members are required to maintain the highest standards of professional conduct and strictly adhere to the ASCP Code of Ethics. I understand that the insurance coverage provided to me through my ASCP membership is subject to all terms, conditions, and exclusions contained in that insurance policy. I understand that the insurance companies providing such coverage will rely on the information and representations made in this membership application. Failure to pay any membership dues will result in termination of membership and loss of insurance coverage. False statements or representations made in this application or subsequent communications may void this application and result in termination of membership and loss of insurance coverage.

Signature Required

Date

## ADDITIONAL INSURED ENDORSEMENT

**DO NOT complete this section unless your landlord or employer requires this in your contract/lease.**

In accordance with standard insurance industry practice, ASCP will mail notice of membership expiration to all entities named as additional insureds on a member's policy. There is no charge for AIEs. (If requesting more than one AIE, attach additional sheet of paper with the same information requested below.)

Business Name: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Business Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Fax: (     ) \_\_\_\_\_

## EARN FREE MEMBERSHIP

ASCP members earn a \$20 referral credit for each new ASCP, ABMP, or AHP applicant who is accepted for membership (excluding student membership).

Send me \_\_\_\_\_ (number of) brochures to pass along to my associates.

Be sure to fill in your ASCP ID number in the "Where Did You Hear About Us?" section (see reverse side) on brochures you give out, so we can credit you. Please order only enough brochures to meet your immediate distribution plans.

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