



APPLICATION FOR MEMBERSHIP

PLEASE PRINT CLEARLY

PERSONAL DATA

Name: _____ Mrs. Miss Ms Mr.
First Name Last Name Designation

Home Address: _____
No and Street Name City Postal Code

Home Phone: () _____ E mail address: _____

Date of Birth: _____ Certificate Language Preference English French

BUSINESS DATA

Business Name: _____

Business Address: _____
No and Street Name Suite or Unit Number
City Prov. Postal Code

Business Phone: () _____ Web Site: _____

Please send mail to: Home Business

I have been the Owner Employee of the above business for _____ years

I work Full Time (> 30hrs/wk) Part-Time _____ hours / week

Modalities available at my business: Galvanic Short wave Blend

Electrolysis equipment/epilator owned: Make: _____ Model: _____ Year: _____

Does your business meet Ontario Ministry of Health & Safety Standards? Yes No Not Sure

Date of Last Public Health Inspection: _____

Method of Sterilization Used: Autoclave Dry heat Chemical

Other Services available at my business: Esthetics Laser Hair Removal
 Other _____

Please complete other side

EDUCATIONAL DATA

Name and address of school where you received your electrolysis training: _____

I received an electrolysis Diploma Year _____ Certificate Year _____

Number of training hours: _____

Work experience in electrolysis: Full-time years _____ Part-time years _____

Are you presently a member of any electrolysis organization? Yes No

Have you ever been a member of any electrolysis organization? Yes No

If yes, which one? _____

If you left, why? _____

How did you hear of the F.C.E.A.? _____

I hereby certify that all the information on this form is complete and correct to the best of my knowledge. If accepted, I promise to abide by the by-laws, rules and regulations of the Federation of Canadian Electrolysis Associations.

Signature: _____ **Date** _____

Please make your cheque for the new member fee of \$180.00 payable to FCEA ONTARIO CHAPTER. Mail this form, a copy of your school diploma and your cheque to:

**F.C.E.A Ontario Chapter
 c/o Denise Ferri
 Aesthetics in the Trails
 2240 Fourth Line
 Oakville, ON L6M 3V4**

Office Use Only

Date Received	Processed by	Cheque #	Amount	Deposited
Date Application Accepted	Membership Certificate ordered	Membership Certificate issued	Lapel pin issued	Receipt #
Date Application Rejected	Applicant Notified & Cheque returned	Reason for rejection		
Signature of Director		Signature of Director		