

# ELECTROLOGISTS' ASSOCIATION OF CALIFORNIA INC.

Est. June 12, 1948

"Pledged to the Highest Standard of Permanent Hair Removal"



## NEW MEMBERSHIP APPLICATION

2008 – 2009

It is understood and agreed that this, my application, together with the provisions of the Charter of the Association and those of its By laws and Rules and Regulations as now existing, and as the same may be amended, altered, added to or changed, shall constitute my sole agreement with the Association. It is also understood and agreed that any statement or alleged statement of an officer, or solicitor, if contrary to Charter Bylaws, Rules and Regulation of the Association, shall not be binding.

I herewith make application for membership in the **ELECTROLOGISTS' ASSOCIATION OF CALIFORNIA INC.**, and submit the following information:

### TYPE OR PRINT

Applicants Name \_\_\_\_\_

Business Name (EAC & AEA Roster Information) \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

Business phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Email address \_\_\_\_\_

Send mail to: HOME \_\_\_\_\_ or OFFICE \_\_\_\_\_

Home Address \_\_\_\_\_

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

Electrology School attended \_\_\_\_\_ Date Graduated \_\_\_\_\_

List other training/or apprenticeship program(s) \_\_\_\_\_

Are you currently in practice? Yes \_\_\_\_\_ No \_\_\_\_\_ Full time \_\_\_\_\_ Part-time \_\_\_\_\_

CALIFORNIA license # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Do you have an Electrologist license

in any other state? Yes \_\_\_\_\_ No \_\_\_\_\_ List: \_\_\_\_\_

If you are a prior member, please state previous name (if applicable) and EAC membership# \_\_\_\_\_

Are you a C.P.E?. (Certified Professional Electrologist) Yes \_\_\_\_\_ No \_\_\_\_\_ Certification # \_\_\_\_\_

### Modality used:

Multiple Needle \_\_\_\_\_ Shortwave (Thermolysis) \_\_\_\_\_ Blend \_\_\_\_\_ Galvanic \_\_\_\_\_

**EAC//AEA MEMBERSHIP – FEE SCHEDULE FOR  
2008 - 2009**

Submit any of the following documentations with application

- 1 Photocopy of diploma from a school of Electrology.
- 2 Photocopy of your state license.
- 3 If applicable - a Notarized affidavit from your apprenticeship instructor, include a copy of your Certificate and number of hours completed in program.

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

	Before July 1 <sup>st</sup>	After July 1 <sup>st</sup>
EAC annual dues	\$ 85.00	\$ 85.00
Prorated dues for EAC		\$ 40.00
Initiation fee for EAC (one time fee)	\$ 35.00	\$ 35.00
AEA annual dues	\$140.00	\$ 140.00
Prorated dues for AEA		\$ 50.00
TOTAL	<hr/>	<hr/>
	\$ 260.00	\$ 350.00

**EAC Donation:** \$ \_\_\_\_\_

**EAC Web listing:** 1<sup>st</sup> business no charge

2<sup>nd</sup> business \$10.00 per year\_ \$ \_\_\_\_\_

**Total Enclosed:** \_\_\_\_\_

Would you be interested in serving on one of our committees? Yes \_\_\_\_\_ No. \_\_\_\_\_  
 Program \_\_\_\_\_ Membership \_\_\_\_\_ Newsletter \_\_\_\_\_ Treasury \_\_\_\_\_

I understand that membership in the **EAC/AEA** is open to Electrologists who practice and/or teach permanent hair removal utilizing needle type devices.

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

*(For EAC office use only)* Date application received: \_\_\_\_\_ Payment: \_\_\_\_\_ Check#: \_\_\_\_\_  
 Notes:

**Sterilization method used:** Autoclave: \_\_\_\_\_ Dry Heat Oven: \_\_\_\_\_

**Make payment payable to EAC (Electrologists' Association of California)**

**Mail to**

Randa Thurman, L.E. C.P.E.

Yvette Becerra, L.E., C.P.E.

**EAC Northern Chapter**

351 Kolb Avenue, Monterey, CA 93940  
831.643.2215

**EAC Southern Chapter**

22603 Birds Eye Drive  
Diamond Bar, CA. 91765-2410  
909.860.3264