



# The Hair & Barber Council

*'Shaping the future together'*



## HAIR & BARBER COUNCIL APPLICATION FORM

Please complete the form below and return to Susan Scott, Hairdressing Council. 30 Sydenham Road, Surrey, CR0 2EF. You may also e-mail the application to [sue@haircouncil.org.uk](mailto:sue@haircouncil.org.uk)

**The fee to register is £50 per person**

**I require a frame at £16 inc p&p**

- Cheques should be made payable the Hairdressing Council
- You can telephone with credit/debit card details on 020 8760 7010
- Bank details for faster payment are:
- Coutts & Co Sort-Code: 18-00-02 Ac/No. 02705648 Ac/Name. Hairdressing Council

### Your Details.

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **Post Code** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Mobile Number** \_\_\_\_\_ **Home Number** \_\_\_\_\_

### Work details.

**Job Title** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **Post Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **I have worked in the industry for** \_\_\_\_\_ **years.**

**How did you hear about us?** \_\_\_\_\_

I hereby apply for the associate membership and enclose the appropriate fee. Should this application be unsuccessful I understand the fee will be returned. Should my application be successful, I understand my name will be added to the Hair Council's Associate Register for a period of twelve months. I also understand a fee will apply for each year, or part year, I am a member. If, at any future time, I wish my name removed from the associate register, I undertake to advise the Hair Council in writing no less than two months prior to the date of expiry of the certificate of registration held by me at the time.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_