

APPLICATION FOR AFFILIATE INTERNATIONAL MEMBERSHIP

I wish to become an Affiliate International Member of The Fellowship for British Hairdressing. I agree to abide by the rules and regulations* of The Fellowship for the time being in force, or as varied hereafter.



FELLOWSHIP
FOR
BRITISH HAIRDRESSING
"STRENGTH THROUGH QUALITY"

Signature: _____

Date: _____

Particulars of Candidate

Business Name: _____

Business Address: _____

_____ Postcode _____

Telephone: _____

Fax No: _____

Email Address: _____

Mobile No: _____

Number of Salons: _____

Full Name: _____

Private Address: _____

_____ Postcode _____

Tel No: _____

Mobile No: _____

Number of Years Hairdressing: _____

Nominated by: (please print and sign name)

1. _____

2. _____

Give brief details of experience.

(Education, Fashion, Platform, Competition etc)

Please give details of any other Trade or Craft organisation affiliations, or Company affiliations

Are you willing to place yourself at the service of
The Fellowship at any time within your ability to do so?

Please complete all sections on pages 1-3 and return,
together with your cheque to:

**The Secretary, The Fellowship for British Hairdressing,
Bloxham Mill, Barford Road, Banbury, Oxon, OX15 4FF**

***Affiliate International Membership** of the Fellowship shall be open to any hairdresser, or member of the hairdressing industry, that lives and works in any country that is not licensed by the Fellowship. The Affiliate International Member will receive all the benefits of being a Fellow but will have no voting rights within the Fellowship for British Hairdressing or any other licensed overseas Fellowship and is not eligible to stand for election to the Council or any other post within the Fellowship for British Hairdressing unless invited to at the Councils discretion. All applications shall be subject to the Council of the Fellowship for British Hairdressing, and if accepted shall become an Affiliate International Member of the Fellowship.

this is the future...

The information we use to form our database is comprehensive, allowing potential consumers to get a good idea of what to expect when they visit your salon. Please complete it carefully as it will form the basis of your entry on the website and in the Fellowship's A-Z Salon directory which we publish each year. You will be given an opportunity to update it before publication but we would ask you to let us know during the year of any changes to your main contact details.

Members Details

Surname: _____

Forename: _____

Title: _____

Home Address: _____

Home Telephone: _____

Home fax: _____

Mobile: _____

Home Email: _____

Are you happy for the following business information to be published to promote your salon? (Please sign below)

Name: _____

Signed: _____ Dated _____

Press Office Name: _____

Address: _____

_____ Postcode _____

Tel: _____

Fax: _____

Website: _____

Email: _____

First Salon Details

Salon Name: _____

Salon Address: _____

_____ Postcode _____

Email: _____

Salon Tel: _____

Salon Fax: _____

Website: _____

Salon Specialities (Please tick the services you offer)

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Dress Long Hair | <input type="checkbox"/> Extensions | <input type="checkbox"/> Men's |
| <input type="checkbox"/> Sunbeds | <input type="checkbox"/> Colouring | <input type="checkbox"/> Bridal |
| <input type="checkbox"/> Beauty Tmts | <input type="checkbox"/> Nails | <input type="checkbox"/> Perm |
| <input type="checkbox"/> Cutting | <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> VIP Room |
| <input type="checkbox"/> Wigs | <input type="checkbox"/> Barbering | <input type="checkbox"/> Electrolysis |
| <input type="checkbox"/> Afro-Caribbean | | |

Other specialities: _____

Clientele and Policy

- | | | |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Young/trendy | <input type="checkbox"/> Male | <input type="checkbox"/> No smoking |
| <input type="checkbox"/> All Ages | <input type="checkbox"/> Children | <input type="checkbox"/> Crèche |
| <input type="checkbox"/> Wheelchair access | | |

Price Guide (To the nearest £ please)

Cut/Finish: From: £ _____ To: £ _____

Perm: From: £ _____ To: £ _____

Colour: From: £ _____ To: £ _____

Highlights: From: £ _____ To: £ _____

Payment Facilities Available

- | | | |
|---------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Cheque | <input type="checkbox"/> Visa |
| <input type="checkbox"/> Switch | <input type="checkbox"/> Amex | <input type="checkbox"/> Mastercard |
| <input type="checkbox"/> Delta | Other: _____ | |

Customer Services available

- | | | |
|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Model Nights | <input type="checkbox"/> Tube/Rail | <input type="checkbox"/> Car Park |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Beauty Room | <input type="checkbox"/> Tea/Coffee |

Please print, complete and return this page if you have more than one salon to be included in our directory. This will also form the basis of your entries on the website and in the Fellowship's A-Z Salon directory which we publish each year.

Additional Salon Details

Salon Details

Salon Name: _____

Salon Address: _____

_____ Postcode _____

Email: _____

Salon Tel: _____

Salon Fax: _____

Website: _____

Contact Name: _____

Salon Details

Salon Name: _____

Salon Address: _____

_____ Postcode _____

Email: _____

Salon Tel: _____

Salon Fax: _____

Website: _____

Contact Name: _____

Salon Details

Salon Name: _____

Salon Address: _____

_____ Postcode _____

Email: _____

Salon Tel: _____

Salon Fax: _____

Website: _____

Contact Name: _____

Salon Details

Salon Name: _____

Salon Address: _____

_____ Postcode _____

Email: _____

Salon Tel: _____

Salon Fax: _____

Website: _____

Contact Name: _____

Salon Details

Salon Name: _____

Salon Address: _____

_____ Postcode _____

Email: _____

Salon Tel: _____

Salon Fax: _____

Website: _____

Contact Name: _____

Salon Details

Salon Name: _____

Salon Address: _____

_____ Postcode _____

Email: _____

Salon Tel: _____

Salon Fax: _____

Website: _____

Contact Name: _____