

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
creative excellence

Signature: _____

Date: _____

Particulars of Candidate

Business Name: _____

Business Address: _____

_____ Postcode _____

Web Address: _____

Telephone: _____

Fax: _____

Email Address: _____

Mobile: _____

Number of Salons: _____

Give brief details of experience.

(Education, Fashion, Platform, Competition etc)

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

Full Name: _____

Private Address: _____

_____ Postcode _____

Tel: _____

Number of Years Hairdressing: _____

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

Nominated by: (please print and sign name)

1. _____

2. _____

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
Tel: 01295 724579 secretary@fellowshiphair.com
www.fellowshiphair.com**

***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...

Please complete all sections. We use this information to promote your salon on our website.
No private address details are published.

First Salon Details

Salon Name: _____

Salon Address: _____

_____ Postcode _____

Email: _____

Salon Tel: _____

Salon Fax: _____

Website: _____

Press Office Name: _____

Address: _____

_____ Postcode _____

Tel: _____

Fax: _____

Website: _____

Email: _____

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

Name: _____

Signed: _____ Dated _____

Salon Specialities (Please tick the services you offer)

Dress Long Hair Extensions Men's

Sunbeds Colouring Bridal

Beauty Tmts Nails Perm

Cutting Aromatherapy VIP Room

Wigs Barbering Electrolysis

Afro-Caribbean

Other specialities: _____

Clientele and Policy

Young/trendy Male No smoking

All Ages Children Crèche

Wheelchair access

Price Guide (To the nearest £ please)

Cut/Finish: From: £ _____ To: £ _____

Perm: From: £ _____ To: £ _____

Colour: From: £ _____ To: £ _____

Highlights: From: £ _____ To: £ _____

Payment Facilities Available

Cash Cheque Visa

Switch Amex Mastercard

Delta Other: _____

Customer Services available

Model Nights Tube/Rail Car Park

Bus Beauty Room Tea/Coffee

Please complete this page if you have more than one salon.

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: _____