



FELLOWSHIP  
FOR  
BRITISH HAIRDRESSING  
creative excellence

# FELLOWSHIP APPLICATION

## HOUSE MEMBERSHIP

This membership is designed for **THREE** people from one company regardless of how many salons/premises you have. These three people would be entitled to a complimentary ticket each to some of our events and they will be able to order extra tickets for other members of the team. We will communicate directly with all three members and you will jointly be responsible for sharing relevant information as you feel appropriate.



# APPLICATION FOR HOUSE MEMBERSHIP

The following form can be completed electronically.  
Once complete please email the PDF form directly to: **carol@fellowshiphair.com**.  
We will confirm your membership fee once we have received your application.

The House of   
wishes to become a member of The Fellowship for British Hairdressing. We agree to abide by the rules and regulations of The Fellowship for the time being in force, or varied thereafter. Up to three people can apply.

Name:   
Date:

## Business address

**Business Name**   
Business Address   
  
  
  
Web Address   
Telephone

## Candidate 2

**Full Name**   
Job Title   
Telephone   
Mobile   
Email   
Home Address

## Candidate 1

**Full Name**   
Job Title   
Telephone   
Mobile   
Email   
Home Address

## Candidate 3

**Full Name**   
Job Title   
Telephone   
Mobile   
Email   
Home Address

**How did you hear about us?**  
(Tick where appropriate)

**Recommendation** (Please state from who) \_\_\_\_\_

**Social Media** (Please state which one) \_\_\_\_\_

**Magazine** (Please state which magazine) \_\_\_\_\_

**Trade Show** (Please state which show) \_\_\_\_\_

# HOUSE MEMBERSHIP APPLICATION

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

## Press office address

Please tick here if same as business address

### Press Office

Address

Email

Telephone

Website

## First salon details

Please tick here if same as head office address

Salon Address

Salon Email

Salon Telephone

Give brief details of experience.

*(Education, Fashion, Platform, Competition etc)*

### 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:

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

### 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: £

# HOUSE MEMBERSHIP APPLICATION

## Payment Facilities Available

Cash     Cheque     Visa     Switch  
 Amex     Mastercard     Delta     Other

If other please specify

## Customer Services available

Model nights     Tube/Rail     Car Park  
 Bus     Beauty Room     Tea/Coffee

## Additional salon details (Please complete this section if you have more than one salon.)

### Salon Name

Salon Address

Salon Email

Salon Telephone

Salon Website

Contact Name

### Salon Name

Salon Address

Salon Email

Salon Telephone

Salon Website

Contact Name

### Salon Name

Salon Address

Salon Email

Salon Telephone

Salon Website

Contact Name

### Salon Name

Salon Address

Salon Email

Salon Telephone

Salon Website

Contact Name

### Salon Name

Salon Address

Salon Email

Salon Telephone

Salon Website

Contact Name

### Salon Name

Salon Address

Salon Email

Salon Telephone

Salon Website

Contact Name