

# APPLICATION FOR INDIVIDUAL MEMBERSHIP

I wish to become a Fellow of The Fellowship for British Hairdressing. If elected 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: \_\_\_\_\_

Mobile No: \_\_\_\_\_

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 No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

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**

**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: \_\_\_\_\_

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Contact Name: \_\_\_\_\_