

# APPLICATION FOR INDIVIDUAL MEMBERSHIP

I wish to become a Fellow 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 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: \_\_\_\_\_

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,  
Bloxxham Mill, Barford Road, Banbury, Oxon, OX15 4FF  
Tel: 01295 724579 [secretary@fellowshiphair.com](mailto:secretary@fellowshiphair.com)  
[www.fellowshiphair.com](http://www.fellowshiphair.com)**

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

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\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Email: \_\_\_\_\_

Salon Tel: \_\_\_\_\_

Salon Fax: \_\_\_\_\_

Website: \_\_\_\_\_

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

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\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Email: \_\_\_\_\_

Salon Tel: \_\_\_\_\_

Salon Fax: \_\_\_\_\_

Website: \_\_\_\_\_

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

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Email: \_\_\_\_\_

Salon Tel: \_\_\_\_\_

Salon Fax: \_\_\_\_\_

Website: \_\_\_\_\_

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

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Salon Address: \_\_\_\_\_

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\_\_\_\_\_ Postcode \_\_\_\_\_

Email: \_\_\_\_\_

Salon Tel: \_\_\_\_\_

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Website: \_\_\_\_\_

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