



FELLOWSHIP
FOR
BRITISH HAIRDRESSING
creative excellence

FELLOWSHIP APPLICATION

INDIVIDUAL MEMBERSHIP

This membership is designed for **ONE** person, regardless of how many salons you have. You would be entitled to a complimentary ticket to some of our events and you will be able to order extra tickets for members of your team. We will communicate directly with you and you will be responsible for sharing relevant information as you feel appropriate.



APPLICATION FOR INDIVIDUAL 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.

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.

Name:
Date:

Business Name
Business Address

Web Address
Telephone
Email
Mobile No.
Number of Salons

Give brief details of experience.
(Education, Fashion, Platform, Competition etc)

Private Name
Private Address

Telephone
Years Hairdressing

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

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)

INDIVIDUAL 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.

First salon details

Salon Name	<input type="text"/>
Salon Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Salon Email	<input type="text"/>
Salon Telephone	<input type="text"/>
Salon Website	<input type="text"/>

Press Office	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>
Website	<input type="text"/>

Accounts Office	<input type="text"/>
Contact Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>

Are you happy for the business information to be published to promote your salon?
Name <input type="text"/>
Dated <input type="text"/>

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 | <input type="checkbox"/> Other |

If other please specify

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 |

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

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