



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"/>

<b>Press Office</b>	<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"/>

<b>Accounts Office</b>	<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"/>

<b>Are you happy for the business information to be published to promote your salon?</b>	
Name	<input type="text"/>
Dated	<input type="text"/>
<input type="checkbox"/>	I agree to The Fellowship contacting me by email with information on events and opportunities.
<input type="checkbox"/>	I agree to The Fellowship publishing my salon information on their website and in their A-Z salon listings.

## 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)

- |                   |                              |                            |
|-------------------|------------------------------|----------------------------|
| <b>Cut/Finish</b> | From: £ <input type="text"/> | To: £ <input type="text"/> |
| <b>Perm</b>       | From: £ <input type="text"/> | To: £ <input type="text"/> |
| <b>Colour</b>     | From: £ <input type="text"/> | To: £ <input type="text"/> |
| <b>Highlights</b> | From: £ <input type="text"/> | To: £ <input type="text"/> |

## 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 |

# INDIVIDUAL MEMBERSHIP APPLICATION

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

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

<b>Salon Name</b>	<input type="text"/>
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	<input type="text"/>
	<input type="text"/>
Salon Email	<input type="text"/>
Salon Telephone	<input type="text"/>
Contact Name	<input type="text"/>

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