

APPLICATION FOR HOUSE MEMBERSHIP

The House of _____ wishes to join The Fellowship for British Hairdressing. If elected the house agrees to abide by the rules and regulations of The Fellowship for the time being in force, or varied thereafter.

Position: _____

Signature: _____ Date: _____



FELLOWSHIP
FOR
BRITISH HAIRDRESSING
"STRENGTH THROUGH QUALITY"

Particulars of Candidates

Please complete it carefully as it will form the basis of your entry in the Fellowship's A-Z Gold Star Salon directory which we publish each year.

Full Name: _____

Business Address: _____

_____ Postcode _____

Telephone: _____

Fax No: _____

Mobile No: _____

Full Name: _____

Business Address: _____

_____ Postcode _____

Telephone: _____

Fax No: _____

Mobile No: _____

Full Name: _____

Business Address: _____

_____ Postcode _____

Telephone: _____

Fax No: _____

Mobile No: _____

Nominated by: (please print and sign name)

1. _____

2. _____

3. _____

Give brief details of experience.

(Education, Fashion, Platform, Competition etc)

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

Are you willing to place yourself at the service of The Fellowship at any time within your ability to do so?

Please return completed form, 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 Gold Star 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: _____

E-mail: _____

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: _____

E-mail: _____

First Salon Details

Salon Name: _____

Salon Address: _____

_____ Postcode _____

E-mail: _____

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 Gold Star Salon directory which we publish each year.

Additional Salon Details

Salon Details

Salon Name: _____

Salon Address: _____

_____ Postcode _____

E-mail: _____

Salon Tel: _____

Salon Fax: _____

Website: _____

Contact Name: _____

Salon Details

Salon Name: _____

Salon Address: _____

_____ Postcode _____

E-mail: _____

Salon Tel: _____

Salon Fax: _____

Website: _____

Contact Name: _____

Salon Details

Salon Name: _____

Salon Address: _____

_____ Postcode _____

E-mail: _____

Salon Tel: _____

Salon Fax: _____

Website: _____

Contact Name: _____

Salon Details

Salon Name: _____

Salon Address: _____

_____ Postcode _____

E-mail: _____

Salon Tel: _____

Salon Fax: _____

Website: _____

Contact Name: _____

Salon Details

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Salon Address: _____

_____ Postcode _____

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Salon Fax: _____

Website: _____

Contact Name: _____

Salon Details

Salon Name: _____

Salon Address: _____

_____ Postcode _____

E-mail: _____

Salon Tel: _____

Salon Fax: _____

Website: _____

Contact Name: _____