



Association of Cosmetology
Salon Professionals
(formerly NCA of South Carolina)

Association of Cosmetology Salon Professionals

Membership Application

(Please print!)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Bus Phone: (_____) _____

Email: _____

Referred By: _____

Primary Area of Practice:

- Cosmetologist
- Esthetician
- Nail Technician
- Barber
- Other

Membership Classification (check one):

- Salon Owner/Manager
 - Salon Employee
 - Booth Renter
 - School Owner
 - Educator
 - Non-practicing/Retired
 - Other
 - Student*
- *Student dues \$25.00/yr
Includes ACSP newsletter only*

Membership Dues (annually)

ACSP State & Local Membership..... **\$65.00**

Total Enclosed _____

***Please allow 4-5 weeks to receive your membership card!
Please mail your check or money order, made payable to ACSP, with this application to:***

**ACSP
PO Box 207
Chapin, SC 29036
803.345.2909**

Release signature

I understand that ACSP dues are not deductible as charitable contributions for federal tax purposes. Pursuant to IRS regulations only 65% of your dues is deductible due to lobbying expenditures made by ACSP. I understand, however, that these dues may be deductible as an ordinary expense under Sect. 162 Internal Revenue Code. I understand that no portion of my dues can be refunded once ACSP receives them. I agree to abide by ACSP Bylaws/Constitution now in force or which may hereafter be enacted or amended. I understand that I am joining the Association of Cosmetology Salon Professionals (ACSP) and will be eligible only for benefits provided by ACSP and that those benefits are subject to change at any time. I release all rights to pictures of me or my likeness and anything written or submitted by me for ACSP's publications. ACSP is not responsible for liability, expressed or implied and will not provide compensation or gain of any kind for the use of pictures, articles, or submissions for organization publications.

Signature: _____