Associated Skin Care Professionals

Insured Student Membership Application

1271 Sugarbush Drive, Evergreen, CO 80439
800-789-0411 • Fax 800-790-0299

get connected

With your membership you will receive:

- ***Liability Insurance.*** Coverage for all school-related sanctioned activities.
- ***Skin Deep.*** Our bimonthly member magazine for news on the latest products, trends, legislation, techniques and tools, marketing and practice advice.
- **Web Resources**. From the Members section of www.ascpskincare.com, you can connect with archived issues of *Skin Deep*, create your own FREE website, get a head start on developing marketing materials you can use when you graduate, and network with other skin care students and professionals. Log in to the Members section using your ID number as your username and your last name as your password.
- **Student Resources.** Our quarterly newsletter, *Fine Lines*, designed for the needs and concerns of skin care students.

Student membership is valid for one full year OR until graduation, whichever comes first.

Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: ( ) _____

Date of Birth: _____/_____/_____
month day year

E-mail: _____

Gender: ❑ M ❑ F

Training

School Name: _____

School's ASCP ID Number: _____

City: _____

State: _____ Zip: _____

Phone: ( ) _____

Length of Course: _____ hours

Start Date: _____

Completion Date: _____

Referral

School Name/ASCP ID # _____

Referral Credit will be awarded to a student's school when the ASCP Student member upgrades to the Certified or Skin Care Professional level of membership.

Processing & Payment

Membership Dues	$ 59.00
Standard Processing—7-10 days.	no charge
Fax Processing-$15-proof of membership faxed within 24 hours of our receipt of your application.	$_____
(_____)_____	
Priority Mail—$15 (U.S. only) within 3 business days of our receipt of application.	$_____
TOTAL	**$** _____

Do not remit payment in cash. Returned checks are subject to $25 fee. All fees paid to ASCP are non-refundable once your application is accepted.

❑ Check/Money Order ❑ Visa/Mastercard/Amex/Discover

Cardholder's Name _____

Signature _____

Phone: (_____) _____

credit card number

expiration date

Should you elect to upgrade to a fully insured ASCP membership level within sixty days of graduation or licensure, your student level dues will be applied to the cost of the upgrade.

Agreement

SIGNATURE IS REQUIRED. Faxed and/or computer scanned signatures are considered legal and binding.

I understand that membership fees paid by me to ASCP are nonrefundable, are fully earned as of the first class date, and will not be prorated. I understand that the professional liability coverage provided as a benefit of ASCP Student Membership includes coverage for outside/off-premises activities as long as those activities have been approved by the school and are permitted under applicable state and local government regulations. I understand that the term of ASCP Student Membership coincides with the term of membership selected above and that this level of membership IS NOT available to individuals taking solely a continuing education course or seminar. I understand that ASCP members are required to maintain the highest standards of professional conduct and strictly adhere to the ASCP Code of Ethics. I have never been the subject of any incident, pending claim, suit or investigation, in connection with any sexual act, misconduct, molestation, and/or assault whatsoever. I understand that my membership certificate will notify me that I have been added as an individual Member with respect to the coverage and limits of the Master Policy and that the original Master Policy may be inspected at the offices of the Association or I may order a copy for a handling fee of $10. I understand that the coverage provided by my membership certificate is subject to all terms, conditions, and exclusions contained in the Master Policy. Language in the Master Policy is governing. I further understand that ASCP provides liability insurance to qualified members and that the Insurance Company will rely on the information I have provided in this application. My signature below verifies that I have completed the ASCP membership application accurately and honestly. I understand that failure to pay required dues and/or false statements made on the application or subsequent renewals shall void this application, terminate membership, and render my insurance coverage null and void.

_____
Signature & Date

FOR ASCP USE ONLY

❑ Fax Return ❑ Priority ❑ E-mail

ID No._____

Paid: $_____ Check No. _____ ❑ M/V/D/AE

AD _____/_____/_____ ED _____/_____/_____