

School membership application

25188 Genesee Trail Road, Suite 200
Golden, Colorado 80401
800-789-0411 • fax: 800-790-0299
www.ascpskincare.com
getconnected@ascpskincare.com



1

School Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Website: _____
Mailing Address (if different from above): _____
City: _____ State: _____ Zip: _____
Telephone: (_____) _____ Fax: (_____) _____

Legal Status of School: Sole Proprietorship Partnership Corporation Joint Venture Other (please describe)

2

Please Provide

- Curriculum breakdown (provide a copy of school catalog)
- State approval documentation
- List of all campuses; include names, addresses, and phone numbers

Graduation Requirements

Written Exam Yes No
Practical Exam Yes No

3

Name of Owner: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (_____) _____

Use additional sheet to list information for other legal owners as above, if applicable.

4

Please explain all "yes" responses

Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? Yes No

Has any insurance policy or coverage been declined, cancelled, or non-renewed during the prior five years? Yes No

If "yes" please explain. If "no" proceed to membership and payment.

5

Requesting AIE coverage Yes No

Name of Landlord: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (_____) _____

Use separate sheet to list additional AIEs; include addresses and phone numbers.

Send to _____
ASCP Educational Services Department
attn: School Membership
25188 Genesee Trail Road, Suite 200, Golden, Colorado 80401

membership & payment

ASCP School Membership (includes all benefits)

With Liability Insurance — \$1,000 per campus

Supporting School Membership

Without Liability Insurance — \$95 per campus

Business Personal Property — optional

Only available if liability insurance is purchased.

\$10,000 coverage — \$225

\$25,000 coverage — \$425

Loss Payee: *Complete only if purchasing Business Personal Property insurance.*

Name: _____

Address: _____

Phone: (_____) _____

Membership Dues \$ _____

Standard Processing: 7–10 days. no charge

Fax Processing: \$15 — proof of insurance faxed within 24 hours of our receipt of your application. \$ _____

(_____) _____

Additional Materials (no charge)

Send _____ ASCP Professional membership brochures.
quantity

TOTAL \$ _____

Do not remit payment in cash. Returned checks are subject to \$25 fee.

Check/Money Order Visa/Mastercard/Amex/Discover

Signature _____

Phone: (_____) _____

credit card number

expiration date

agreement

Membership terms: Your signature is required. Faxed, computer scanned signatures, and/or electronic acknowledgements are considered legal and binding.

I understand that membership fees paid by my school to ASCP are nonrefundable, nontransferable, and will not be prorated.

I have completed the ASCP School Membership application honestly and accurately. I understand that ASCP School Members are required to maintain the highest standards of professional conduct and strictly adhere to the ASCP Code of Ethics. As a condition for my membership in ASCP and for receiving insurance coverage (if applicable), I represent and warrant that:

- (1) No malpractice or negligence allegation has ever been asserted against the school, its owners, or instructors, nor has there ever been any event or indication suggesting a claim may be made or that the school's care caused harm;
- (2) The school's owners or instructors have never been convicted of any violation of law other than a minor traffic offense;
- (3) No agency or association has investigated or taken any other action against the school, its owners, or instructors.

I understand that the insurance coverage provided to the school through ASCP membership is subject to all terms, conditions, and exclusions contained in the insurance policy, the language of which is completely controlling as to all matters relating to the school's coverage. The school further understands that the insurance companies providing such insurance coverage will rely on the information that I have provided in this application. Failure to pay any dues/premiums and/or false statements or representations made in this application or subsequent communications shall void this application, terminate membership, and render the insurance coverage void.

Authorized Signature: _____

Authorized Representative Name: _____

Title: _____