Isn't it time you join us?
Stitches were needed after a Brazilian went wrong, resulting in a $62,500 lawsuit.

A client reacted to a product she had used before, was hospitalized, and successfully sued her esthetician for $145,000.

SKIN CARE STUDENTS!
You can join too! We have great resources to get you through school, plus liability insurance, discounts, and more!
“I found **ASCP** to be my **one-stop shop**. Everything is at my fingertips, along with a very professional staff.”

Lori, Florida
skin care membership application

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

*Legal Name: ___________________________ ___________________________
(First) (Last)

Preferred Name: ___________________________

*Mailing
Address: ____________________________________________________________

*City: ___________________________ State: ___________________________

*Zip: ___________________________ To opt out of mailings from vendors, check here □

*Email: ___________________________

Website: ___________________________

*Primary Phone: (_______) □ Landline □ Mobile

Secondary Phone: (_______) □ Landline □ Mobile

*Date of Birth: _____ - _____ - ______ *Gender: □ M □ F

* Required

MEMBERSHIP

Pricing is current as of May 2015 and is subject to change.

☐ Professional $259/year $ _______

☐ Student $59/year $ _______

☐ Supporting (no liability insurance) $95/year $ _______

Business Personal Property (Optional)

(All losses are subject to a $250 deductible; theft/burglary losses are subject to a $500 deductible—please see insurance policy for more information.) We will forward your request to the insurance company for review and processing.

Add $95 per year—$10,000 Business Equipment Insurance $ _______

Add $250 per year—$25,000 Business Equipment Insurance $ _______

Additional Professions

Copy of state license, where applicable, or proof of training must be provided.

Massage, Hair, or Nail Professional Membership—If you are also a qualified massage, hair, or nail professional and wish to be supported in, and insured for, that work, you have the ability to join both ASCP and our sister organizations, at no additional charge for a single, combined membership fee:

☐ Massage or bodywork (ABMP Certified) NO EXTRA CHARGE

☐ Massage or bodywork (ABMP Professional) NO EXTRA CHARGE

☐ Massage or bodywork (ABMP Practitioner) less than 500 hours training NO EXTRA CHARGE

☐ Hairstylist or barber (AHP Professional) NO EXTRA CHARGE

☐ Nail professional (AHP Professional) NO EXTRA CHARGE

TOTAL $ _______

WHERE DID YOU HEAR ABOUT US?

☐ School (indicated in next section)

☐ From a member (name or member ID): ___________________________

☐ At trade show/event: ___________________________

☐ An ABMP, ASCP, AHP or ANP member: ___________________________

☐ Other: ___________________________

FOR ASCP USE ONLY Member ID No. ___________________________

TRAINING & LICENSE

Copy of state license or school documents must accompany application. Original documents cannot be returned.

Eligibility Requirements If you practice in a state that regulates esthetics, you must have a valid license from that state. If you practice in a state that does not regulate esthetics, you must have a valid cosmetology license or certificate of skin care training. Student members must complete school information only.

State of Licensure: ___________________________ Lic. No. ___________________________

Esthetician Training School: ___________________________

City: ___________________________ State: ___________________________

Length of Course: _________ hours Completion Date: ___________________________

Training or License for Other Services You Provide (if applicable)

☐ Massage ☐ Hair ☐ Barber ☐ Nails

State of Licensure: ___________________________ Lic. No. ___________________________

School: ___________________________

City: ___________________________ State: ___________________________

Length of Course: _________ hours Completion Date: ___________________________

PAYMENT METHOD

DO NOT SEND CASH. A $25 charge will be assessed on all returned checks. All fees must be paid in U.S. dollars. All fees paid to ASCP are nonrefundable once your application is accepted.

Name & address of cardholder (if different from applicant)
Signature: ___________________________

Phone: (_______) ___________________________

Card Number (print clearly)

Exp. Date _____________

CCV _____________

PRACTICE/SERVICE HISTORY

As a condition for membership and the insurance coverage provided to me through my membership (including the optional Business Personal Property coverage), by my signature/acknowledgement below, I represent and warrant that (1) no malpractice or negligence allegation has ever been asserted against me, nor has there ever been any event or indication suggesting a claim may be made or that my care caused harm; (2) I have never been convicted of any violation of law other than a minor traffic offense, and (3) no agency or association has investigated or taken any action against me or my license.

Signature Required ___________________________ Date _____________

Membership Terms: Signature is required. Fixed, computer scanned signatures, and/or electronic acknowledgements are considered legal and binding. I consent to you providing me with Insurance Policy Documents electronically and understand that I may withdraw that consent at any time and request paper copies of my Insurance Policy Documents. I understand that membership fees paid by me to Associated Bodywork and Massage Professionals (ABMP) and/or its subsidiaries Associated Skin Care Professionals (ASCP), Associated Hair Professionals (AHP), and Associated Nails Professionals (ANP) are nonrefundable, nontransferable, and will not be prorated. If I also elected to become a member of any/all of our affiliated associations (ABMP/ASCP/AHP/ANP) my terms agreement applies to any/all of my selected organizations. I understand that magazine subscriptions that are part of my membership may include associated emails from the publisher, and I will have the opportunity to unsubscribe, but that I may continue to receive transactional and informational emails related to my subscription. I agree that the publisher is responsible for honoring my opt-out requests and not ABMP, ASCP, AHP, or ANP. As a condition of ABMP Certified membership, if selected as part of my membership, my signature also indicates that I will complete 16 hours of continuing education every two years. I agree that all collection of my personal information, including my email address, will be governed by the ABMP Privacy Policy. I have completed the ABMP/ASCP/AHP/ANP membership application honestly and accurately. I understand that ABMP/ASCP/AHP/ANP members are required to maintain the highest standards of professional conduct and strictly adhere to the ABMP/ASCP/AHP/ANP Codes of Ethics. I understand that the insurance coverage provided to me through my ABMP/ASCP/AHP/ANP membership is subject to all terms, conditions, and exclusions contained in that insurance policy. I understand that the insurance companies providing such coverage will rely on the information and representations made in this membership application. Failure to pay any membership dues will result in termination of membership and loss of insurance coverage. False statements or representations made in this application or subsequent communications may void this application and result in termination of membership and loss of insurance coverage. I accept the terms of the application.

Signature Required ___________________________ Date _____________

optional

Signature: ___________________________

Exp. Date _____________

CCV _____________