



American Electrology Association

An International Organization Incorporated 1958

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NEW MEMBER APPLICATION

TYPE OR PRINT

Your Name _____ Business Name *(for mailing purposes only)* _____

Business Address _____ City, State, Zip _____

Business Phone () _____ Email: _____

Mailing Address (if different) _____

_____ Home Phone () _____ Email _____

Name of electrolysis school attended _____ Graduation Date _____

List other training/apprenticeship with address and phone _____

Are you currently practicing? ____ In which State? ____ Is State licensed? ____ State license # _____

Modality: Multiple Needle; Short Wave; Blend

Have you taken the International Board of Electrologist Certification test (IBEC)? _____ CPE# _____

♦ **Additional BUSINESS Listings – \$15 each** ♦

Address _____ City, State, Zip _____ Business #: () _____

Submit any of the following documentations: 1. Photocopy of diploma from a school of electrology; 2. Notarized affidavit from your apprenticeship instructor; 3. Photocopy of your state license.

Membership year runs from January 1st to December 31st. Anyone joining AEA after July 1st and before November 1st shall pay prorated dues for the current year plus the appropriate dues for the next year.

	Before July 1 st	After July 1 st
AEA annual dues _____	\$ 140.00	\$ 140.00
Prorated dues for AEA (payable from July 1 st to November 1 st) _____	\$ _____	\$ 50.00
Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 20.00
AEA Affiliate State dues VERMONT (AVE) _____	\$ 40.00	\$ 40.00
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ 180.00	\$ 250.00



Make check payable to AEA or charge using the form below and mail to the above address.

CREDIT CARD PAYMENT: VISA, MASTERCARD, DISCOVER (Circle One)

EXPIRATION DATE _____ ACCT. #: _____

SIGNATURE OF CARDHOLDER _____

I understand that membership in the AEA is open to electrologists who practice and/or teach permanent hair removal utilizing needle type devices, and that the privileges of membership may be revoked for noncompliance.

I have read and agree to abide by the AEA code of ethics if I am accepted into membership.

Signature _____ Date _____

(For office use only) Date received: _____ Payment: _____ Check# / Credit Card _____