

Salon & Spa Professional Association Membership Application

Complete and mail to SSPA, 2626 E. 82nd Street, Suite 340, Bloomington, MN 55425
952.925.9731 • info@sspatoday.com

Fax to 952.925.4245 or join online at www.sspatoday.com
(Your new membership packet will be mailed to you within 4-6 weeks)

MEMBERSHIP APPLICATION

1. MEMBER INFORMATION (PRINT LEGIBLY TO ENSURE ACCURACY)

Name _____ Date _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Bus Phone _____

Email _____ Fax _____

What is your primary area of practice?

Barber Cosmetologist Esthetician Nail Technician Other _____

Do you classify yourself to be a: (check one)

Salon Owner/Manager Salon Employee Booth Renter Educator
 Non-practicing/Retired Industry Professional

2. MEMBER TYPE AND PAYMENT INFORMATION (payment must accompany application)

_____ PROFESSIONAL DUES AMOUNT \$75

_____ STUDENT DUES AMOUNT \$45

_____ Check - Payable to SSPA _____ Cash _____ Credit Card

_____ Charge my credit card Visa Master Card American Express Discover

Credit Card # _____ Exp. Date _____ V-Code(required) _____

Cardholder Billing Address _____

Cardholder Billing City/State/Zip _____

Cardholder Name (print) _____ Signature _____

3. MEMBERSHIP ACCEPTANCE SIGNATURE

I understand that MNSSPA DUES are not deductible as charitable contributions for federal tax purposes. I understand, however, that these dues may be deductible as an ordinary business expense under Sect.162-Internal Revenue Code. I understand that 35% of my dues is not deductible based on SSPA lobbying percentages. I understand that no portion of my dues can be refunded once they are received by SSPA. I agree to abide by the SSPA Bylaws/Constitution now in force or which may hereafter be enacted or amended. I understand that by providing my mailing and email addresses, telephone and fax numbers, I consent to receive communication sent by or on behalf of SSPA .

Signature _____