Salon & Spa Professional Association
Membership Application

MEMBERSHIP APPLICATION

Complete and mail to SSPA, 6950 France Avenue South, Suite 18, Edina, MN 55435
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)

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_____