



FAB
FLORIDA ASSOCIATION OF
BEAUTY PROFESSIONALS

**Educational
Institution**
APPLICATION

SCHOOL INFORMATION

**School
Name**

Contact

School License No.

School Mailing Address

City

State

Zip

Bus. Phone ()

Fax ()

E-mail

School Website

How many locations do you have? *(use one application per location)*

DEDUCTIBILITY: FAB Membership dues are not tax deductible as charitable contributions for income tax purposes, but may be deductible as an ordinary and necessary business expense. If you join FAB, 50% of your dues is not deductible as business expense as a result of FAB lobbying activity.

PERMISSION STATEMENT: By providing your fax number and email address, you are agreeing to receive timely information as well as fax advertisements from FAB, including but not limited to: newsletters, blast fax announcements, fundraising information, trade show materials and special membership deals and discounts.

FAB USE ONLY (INTRODUCTORY MEMBER)

Receipt of Application ____/____/____ Membership begin date ____/____/____

ADDITIONAL LOCATION INFORMATION

Name

Contact

School License No

Address

City

State

Zip

Phone ()

Fax ()

Email

School Website

*(use back of form for additional
location information)*

PAYMENT INFORMATION

Check Enclosed Credit Card (See Below)

Billing Address *(if other than above)*

CREDIT CARD

VISA MasterCard AMEX

Credit Card #

Name on Card:

CRV#

Exp. Date: / /

WHERE TO FIND CRV CODE?

MC, VISA (3 Digit, Back of Card)
AMEX (4 Digit, Front of Card)

EDUCATIONAL INSTITUTE DUES*

<input type="checkbox"/>	1-25 Students	\$350 = \$ _____
<input type="checkbox"/>	26-50	600 = \$ _____
<input type="checkbox"/>	51-99	850 = \$ _____
<input type="checkbox"/>	100-199	1100 = \$ _____
<input type="checkbox"/>	200-299	1350 = \$ _____
<input type="checkbox"/>	300-399	1600 = \$ _____
<input type="checkbox"/>	400-499	1850 = \$ _____
<input type="checkbox"/>	500-749	2000 = \$ _____
<input type="checkbox"/>	750+	2500 = \$ _____

*Includes membership for all licensed instructors
*Does not include student membership

Applicant's signature

**TOTAL
ENCLOSED \$** _____

RETURN APPLICATION TO: FAB Professionals • P.O. Box 10437 • Tallahassee, FL 32302 • (850) 580-4064 • Fax (850) 580-4067 • info@fabprofessionals.org

www.fabpro.org

Primary School Name (From Front of Application)

ADDITIONAL LOCATIONS

Name _____

Contact _____

Address _____

City _____

State _____ Zip _____

Phone () _____

Fax () _____

E-mail _____

Name _____

Contact _____

Address _____

City _____

State _____ Zip _____

Phone () _____

Fax () _____

E-mail _____

Name _____

Contact _____

Address _____

City _____

State _____ Zip _____

Phone () _____

Fax () _____

E-mail _____

Name _____

Contact _____

Address _____

City _____

State _____ Zip _____

Phone () _____

Fax () _____

E-mail _____