AFFINITY MEMBERSHIP APPLICATION

PO Box 1869, Evergreen, Colorado 80437

Visit our websites for membership details and eligibility requirements.

800-458-2267 | Fax: 800-667-8260
Email: expectmore@abmp.com
www.abmp.com

800-789-0411 | Fax: 800-790-0299
Email: getconnected@ascpskincare.com
www.ascpskincare.com

800-575-4642 | Fax: 877-680-7546
Email: info@insuringstyle.com
www.insuringstyle.com

888-716-2727 | Fax: 800-875-4619
Email: membership@nailprofessional.com
www.nailprofessional.com

The Affinity Membership Program is designed for Affinity Partners (facilities, associations, and training institutions) that seek to offer ABMP/ASCP/AHP/ANP membership to their professionals. Those individuals receive a special discounted membership rate. To confirm your eligibility, check with your organization or call 800-458-2267.

☐ New Application ☐ Renewal _____ ID#

1 Information

** Required*

*Legal Name: _____ (First) (Last)

Preferred Name: _____ Maiden 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

2 Membership

(Pricing is current as of February 2013 and subject to change.)

Check the level that best represents your field. Each association covers certain services under their respective policies—it may be necessary to be a member of more than one association. ***However, you do not pay dues for multiple associations; you simply pay the fee for the highest level chosen.*** For instance, if you are a nail professional who offers skin care services, you would pay $209 total for both levels of coverage.

Associated Bodywork & Massage Professionals

☐ Massage & Bodywork Certified Level: $205/year $ _____

☐ Massage & Bodywork Professional or Practitioner Level: $175/year $ _____

Associated Skin Care Professionals: $209/year

☐ Skin Care Professional Level $ _____

Associated Hair Professionals: $175/year

☐ Hairstylist Professional Level

☐ Barber Professional Level $ _____

Associated Nail Professionals: $175/year

☐ Nail Professional Level $ _____

Do you currently, or intend to, practice hot stone massage/therapies? ☐ Yes ☐ No

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 $ _____

Total $ _____

3 Affinity Partner Information

Business Name: Skin Blends

City and State: Nixa, MO

Phone: (877) 754-6253

4 Training & License

Eligibility Requirements: If you practice in a state that regulates massage, esthetics, cosmetology, or barbering, you must have a valid current license from that state. If you practice in a state that does not regulate, you must provide proof of training. A copy of state license(s) (if required) and/or school documents must accompany application. Original documents cannot be returned.

Training and License #1

☐ Massage ☐ Skin Care ☐ Cosmetology ☐ Barbering ☐ Nails

State of Licensure: _____ Lic. No. _____

School: _____

City: _____ State: _____

Zip: _____ Phone: ( ) _____

Length of Course: _____ hours Completion Date: _____

Training and License #2

☐ Massage ☐ Skin Care ☐ Cosmetology ☐ Barbering ☐ Nails

State of Licensure: _____ Lic. No. _____

School: _____

City: _____ State: _____

Zip: _____ Phone: ( ) _____

Length of Course: _____ hours Completion Date: _____

FOR OFFICE USE ONLY Member ID No. _____

5 Payment Method

DO NOT SEND CASH. Please make checks payable to ABMP; a $25 charge will be assessed on all returned checks. All fees must be paid in U.S. dollars. All fees paid to ABMP/ASCP/AHP/ANP are nonrefundable once your application is accepted.

☐ Check/Money Order ☐ Visa/MasterCard ☐ Discover ☐ AMEX

Name & Address of card holder _____

_____

Phone: _____

Card Number (print clearly)

Exp. Date ____ (month / year) CVV _____

6 Practice 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 also 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.

7 Sign & Date

Membership Terms: Signature is required. Faxed, computer scanned signatures, and/or electronic acknowledgements are considered legal and binding. I consent to you providing me with my 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, Associated Bodywork & Massage Professionals (ABMP), Associated Skin Care Professionals (ASCP), Associated Hair Professionals (AHP) and Associated Nail Professionals (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 (including the optional Business Personal Property coverage) is subject to all terms, conditions, and exclusions contained in that insurance policy/policies, as applicable. 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 my 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 my insurance coverage.

I accept the terms of the application.

X _____

Signature Required Date