



# Membership Application

**CCA**  
*The New Generation*

**I am a:**

- COSMETOLOGIST
- ESTHETICIAN
- NAIL TECHNICIAN
- BARBER
- STUDENT
- OTHER

**I classify myself as:**

- SALON OWNER/MANAGER
- EDUCATOR
- SCHOOL OWNER
- BOOTH RENTER
- SALON EMPLOYEE
- NONPRACTICING/RETIRED
- OTHER

**Member Type**

PROFESSIONAL \$85.00

License # \_\_\_\_\_

Referred By: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company (If applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
County

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Email

**Payment Information:**

- Check or money order payable to CCA enclosed
- Credit Card –  Mastercard  Visa  AMEX  Discover (A \$5.00 service fee will be charged on credit cards)

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

RELEASE SIGNATURE: Terms of Agreement: I understand that dues for CCA are not deductible as charitable contributions for federal tax purposes. I understand, however, that these dues may be deductible as an ordinary expense under Sect. 162-Internal Revenue Code. I understand that no portion of my dues can be refunded once CCA receives them. I agree to abide by the laws/Constitution now in force or which may hereafter be enacted or amended. I consent to receive all communications sent on behalf of CCA whether by fax, e-mail, direct mail or telephone. Please allow 6-8 weeks for delivery of your membership materials.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Please mail with payment to:**

CCA Membership Dept. \* P.O. Box 291459 \* Phelan, CA 92329 or  
fax completed form with credit card information to 760.868.6470 or  
join online at [www.the-cca.com](http://www.the-cca.com)