



American Electrology Association

An International Organization Incorporated 1958

Leslie Quinn Cody, CPE ♦ 6 Market Place, Ste. 1 ♦ Essex Junction, VT 05452

802-879-1898 ♦ infoaea@electrology.com

NEW MEMBER APPLICATION

TYPE OR PRINT

Your Name _____ Business Name (for mailing purposes only) _____

Business Address _____ City, State, Zip _____

Business Phone () _____ Email: _____

Mailing Address (if different) _____

_____ Home Phone () _____ Email _____

Name of electrolysis school attended _____ Graduation Date _____

List other training/apprenticeship with address and phone _____

Are you currently practicing? ___ In which State? ___ Is State licensed? ___ State license # _____

Modality: Multiple Needle; Short Wave; Blend

Have you taken the International Board of Electrologist Certification test (IBEC)? _____ CPE# _____

♦ Additional BUSINESS Listings – \$15 each ♦

Address _____ City, State, Zip _____ Business #: () _____

Submit any of the following documentations: 1. Photocopy of diploma from a school of electrology; 2. Notarized affidavit from your apprenticeship instructor; 3. Photocopy of your state license.

Membership year runs from January 1st to December 31st. Anyone joining AEA after July 1st and before November 1st shall pay prorated dues for the current year plus the appropriate dues for the next year.

	Before July 1 st	After July 1 st
AEA annual dues _____	\$ _____	\$ _____
Prorated dues for AEA (payable from July 1 st to November 1 st) _____	\$ _____	\$ _____
Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ _____
AEA Affiliate State dues _____	\$ _____	\$ _____
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____



Make check payable to AEA or charge using the form below and mail to the above address.

CREDIT CARD PAYMENT: VISA, MASTERCARD, DISCOVER (Circle One)

EXPIRATION DATE _____ ACCT. #: _____

SIGNATURE OF CARDHOLDER _____

I understand that membership in the AEA is open to electrologists who practice and/or teach permanent hair removal utilizing needle type devices, and that the privileges of membership may be revoked for noncompliance.

I have read and agree to abide by the AEA code of ethics if I am accepted into membership.

Signature _____ Date _____

(For office use only) Date received:

Payment:

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AEA annual dues _____	\$ 140.00	\$ 140.00
Prorated dues for AEA (payable from July 1 st to November 1 st) _____	\$ _____	\$ 50.00
Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 40.00
AEA Affiliate State dues CALIFORNIA (EAC) _____	\$ 85.00	\$ 85.00
Affiliate State initiation fee (if applicable) _____	\$ 35.00	\$ 35.00
TOTAL	\$ 260.00	\$ 350.00



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Prorated dues for AEA (payable from July 1 st to November 1 st) _____	\$ _____	\$ 50.00
Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 40.00
AEA Affiliate State dues COLORADO (CAE) _____	\$ 75.00	\$ 75.00
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ 215.00	\$ 305.00



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Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 20.00
AEA Affiliate State dues CONNECTICUT (CSEA) _____	\$ 60.00	\$ 60.00
Affiliate State initiation fee (if applicable) _____	\$ 25.00	\$ 25.00
TOTAL	\$ 225.00	\$ 295.00



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Prorated dues for AEA (payable from July 1 st to November 1 st) _____	\$ _____	\$ 50.00
Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 30.00
AEA Affiliate State dues GEORGIA (GEA) _____	\$ 65.00	\$ 65.00
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ 205.00	\$ 285.00



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Prorated dues for AEA (payable from July 1 st to November 1 st) _____	\$ _____	\$ 50.00
Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 25.00
AEA Affiliate State dues ILLINOIS (EAI) _____	\$ 60.00	\$ 60.00
Affiliate State initiation fee (if applicable) _____	\$ 5.00	\$ 5.00
TOTAL	\$ 205.00	\$ 280.00



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Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 30.00
AEA Affiliate State dues MARYLAND (MAPE) _____	\$ 40.00	\$ 40.00
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ 180.00	\$ 260.00



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Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 20.00
AEA Affiliate State dues MASSACHUETTS (MAE) _____	\$ 75.00	\$ 75.00
Affiliate State initiation fee (if applicable) _____	\$ 25.00	\$ 25.00
TOTAL	\$ 240.00	\$ 310.00



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Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 20.00
AEA Affiliate State dues NEW HAMPSHIRE (NHEA) _____	\$ 50.00	\$ 50.00
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ 190.00	\$ 260.00



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AEA Affiliate State dues NEW JERSEY (EANJ) _____	\$ 60.00	\$ 60.00
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ 200.00	\$ 270.00



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Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 20.00 _____
AEA Affiliate State dues NEW MEXICO (MNEA) _____	\$ 25.00 _____	\$ 25.00 _____
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ 165.00 _____	\$ 235.00 _____



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TOTAL	\$ 225.00	\$ 295.00



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	Before July 1 st	After July 1 st
AEA annual dues _____	\$ 140.00	\$ 140.00
Prorated dues for AEA (payable from July 1 st to November 1 st) _____	\$ _____	\$ 50.00
Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 20.00
AEA Affiliate State dues NORTH CAROLINA (EANC) _____	\$ 75.00	\$ 75.00
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ 215.00	\$ 285.00



Make check payable to AEA or charge using the form below and mail to the above address.

CREDIT CARD PAYMENT: VISA, MASTERCARD, DISCOVER (Circle One)

EXPIRATION DATE _____ ACCT. #: _____

SIGNATURE OF CARDHOLDER _____

I understand that membership in the AEA is open to electrologists who practice and/or teach permanent hair removal utilizing needle type devices, and that the privileges of membership may be revoked for noncompliance.

I have read and agree to abide by the AEA code of ethics if I am accepted into membership.

Signature _____ Date _____

(For office use only) Date received:

Payment:

Check# / Credit Card



American Electrology Association

An International Organization Incorporated 1958

Leslie Quinn Cody, CPE ♦ 6 Market Place, Ste. 1 ♦ Essex Junction, VT 05452

802-879-1898 ♦ infoaea@electrology.com

NEW MEMBER APPLICATION

TYPE OR PRINT

Your Name _____ Business Name *(for mailing purposes only)* _____

Business Address _____ City, State, Zip _____

Business Phone () _____ Email: _____

Mailing Address (if different) _____

_____ Home Phone () _____ Email _____

Name of electrolysis school attended _____ Graduation Date _____

List other training/apprenticeship with address and phone _____

Are you currently practicing? _____ In which State? _____ Is State licensed? _____ State license # _____

Modality: Multiple Needle; Short Wave; Blend

Have you taken the International Board of Electrologist Certification test (IBEC)? _____ CPE# _____

♦ **Additional BUSINESS Listings – \$15 each** ♦

Address _____ City, State, Zip _____ Business #: () _____

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Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 20.00
AEA Affiliate State dues NORTH DAKOTA (EAND) _____	\$ 25.00	\$ 25.00
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ 165.00	\$ 235.00



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Mailing Address (if different) _____

_____ Home Phone () _____ Email _____

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Are you currently practicing? ____ In which State? ____ Is State licensed? ____ State license # _____

Modality: Multiple Needle; Short Wave; Blend

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Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 35.00
AEA Affiliate State dues OREGON (OALE) _____	\$ 70.00	\$ 70.00
Affiliate State initiation fee (if applicable) _____	\$ 10.00	\$ 10.00
TOTAL	\$ 220.00	\$ 305.00



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Your Name _____ Business Name (for mailing purposes only) _____

Business Address _____ City, State, Zip _____

Business Phone () _____ Email: _____

Mailing Address (if different) _____

_____ Home Phone () _____ Email _____

Name of electrolysis school attended _____ Graduation Date _____

List other training/apprenticeship with address and phone _____

Are you currently practicing? ____ In which State? ____ Is State licensed? ____ State license # _____

Modality: Multiple Needle; Short Wave; Blend

Have you taken the International Board of Electrologist Certification test (IBEC)? _____ CPE# _____

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Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 40.00
AEA Affiliate State dues PENNSYLVANIA (PSE) _____	\$ 100.00	\$ 100.00
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ 240.00	\$ 330.00



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Business Address _____ City, State, Zip _____

Business Phone () _____ Email: _____

Mailing Address (if different) _____

_____ Home Phone () _____ Email _____

Name of electrolysis school attended _____ Graduation Date _____

List other training/apprenticeship with address and phone _____

Are you currently practicing? ___ In which State? ___ Is State licensed? ___ State license # _____

Modality: Multiple Needle; Short Wave; Blend

Have you taken the International Board of Electrologist Certification test (IBEC)? _____ CPE# _____

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Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 20.00
AEA Affiliate State dues RHODE ISLAND (RIAE) _____	\$ 35.00	\$ 35.00
Affiliate State initiation fee (if applicable) _____	\$ 25.00	\$ 25.00
TOTAL	\$ 200.00	\$ 270.00



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Business Address _____ City, State, Zip _____

Business Phone () _____ Email: _____

Mailing Address (if different) _____

_____ Home Phone () _____ Email _____

Name of electrolysis school attended _____ Graduation Date _____

List other training/apprenticeship with address and phone _____

Are you currently practicing? ____ In which State? ____ Is State licensed? ____ State license # _____

Modality: Multiple Needle; Short Wave; Blend

Have you taken the International Board of Electrologist Certification test (IBEC)? _____ CPE# _____

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AEA Affiliate State dues SOUTH CAROLINA (SCAE) _____	\$ 75.00	\$ 75.00
Affiliate State initiation fee (if applicable) _____	\$ 25.00	\$ 25.00
TOTAL	\$ 240.00	\$ 310.00



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Business Address _____ City, State, Zip _____

Business Phone () _____ Email: _____

Mailing Address (if different) _____

_____ Home Phone () _____ Email _____

Name of electrolysis school attended _____ Graduation Date _____

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Are you currently practicing? ___ In which State? ___ Is State licensed? ___ State license # _____

Modality: Multiple Needle; Short Wave; Blend

Have you taken the International Board of Electrologist Certification test (IBEC)? _____ CPE# _____

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Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 20.00
AEA Affiliate State dues TENNESSEE (EAT) _____	\$ 25.00	\$ 25.00
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ 165.00	\$ 235.00



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Mailing Address (if different) _____

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Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 20.00
AEA Affiliate State dues TEXAS (TAPE) _____	\$ 40.00	\$ 40.00
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ 180.00	\$ 250.00



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Business Phone () _____ Email: _____

Mailing Address (if different) _____

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Name of electrolysis school attended _____ Graduation Date _____

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Are you currently practicing? ___ In which State? ___ Is State licensed? ___ State license # _____

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Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ 20.00
AEA Affiliate State dues UTAH (UPGE) _____	\$ 35.00	\$ 35.00
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ 175.00	\$ 245.00



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AEA Affiliate State dues VIRGINIA (VEA) _____	\$ 35.00	\$ 35.00
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ 175.00	\$ 245.00



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AEA Affiliate State dues VERMONT (AVE) _____	\$ 40.00	\$ 40.00
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ 180.00	\$ 250.00



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AEA Affiliate State dues WASHINGTON (WSEA) _____	\$ 60.00	\$ 60.00
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ 200.00	\$ 280.00



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Prorated Affiliate dues (payable from July 1 st to November 1 st) _____	\$ _____	\$ _____
AEA Affiliate State dues UNAFFILIATE _____	\$ _____	\$ _____
Affiliate State initiation fee (if applicable) _____	\$ _____	\$ _____
TOTAL	\$ 165.00	\$ 215.00



Make check payable to AEA or charge using the form below and mail to the above address.

CREDIT CARD PAYMENT: VISA, MASTERCARD, DISCOVER (Circle One)

EXPIRATION DATE _____ ACCT. #: _____

SIGNATURE OF CARDHOLDER _____

I understand that membership in the AEA is open to electrologists who practice and/or teach permanent hair removal utilizing needle type devices, and that the privileges of membership may be revoked for noncompliance.

I have read and agree to abide by the AEA code of ethics if I am accepted into membership.

Signature _____ Date _____

(For office use only) Date received:

Payment:

Check# / Credit Card



American Electrology Association

An International Organization Incorporated 1958

Leslie Quinn Cody, CPE ♦ 6 Market Place, Ste. 1 ♦ Essex Junction, VT 05452

802-879-1898 ♦ infoaea@electrology.com

NEW MEMBER APPLICATION

TYPE OR PRINT

Your Name _____ Business Name *(for mailing purposes only)* _____

Business Address _____ City, State, Zip _____

Business Phone () _____ Email: _____

Mailing Address (if different) _____

_____ Home Phone () _____ Email _____

Name of electrolysis school attended _____ Graduation Date _____

List other training/apprenticeship with address and phone _____

Are you currently practicing? ____ In which State? ____ Is State licensed? ____ State license # _____

Modality: Multiple Needle; Short Wave; Blend

Have you taken the International Board of Electrologist Certification test (IBEC)? ____ CPE# _____

♦ **Additional BUSINESS Listings – \$15 each** ♦

Address _____ City, State, Zip _____ Business #: () _____

Submit any of the following documentations: 1. Photocopy of diploma from a school of electrology;
2. Notarized affidavit from your apprenticeship instructor; 3. Photocopy of your state license.

Membership year runs from January 1st to December 31st. Anyone joining AEA after July 1st and before November 1st shall pay prorated dues for the current year plus the appropriate dues for the next year.

	Before July 1 st	After July 1 st
AEA annual dues INTERNATIONAL	\$ 200.00	\$ 200.00
Prorated dues for AEA (payable from July 1 st to November 1 st)	\$ _____	\$ 50.00
Prorated Affiliate dues (payable from July 1 st to November 1 st)	\$ _____	\$ _____
AEA Affiliate State dues	\$ _____	\$ _____
Affiliate State initiation fee (if applicable)	\$ _____	\$ _____
TOTAL	\$ 200.00	\$ 250.00



Make check payable to AEA or charge using the form below and mail to the above address.

CREDIT CARD PAYMENT: VISA, MASTERCARD, DISCOVER (Circle One)

EXPIRATION DATE _____ ACCT. #: _____

SIGNATURE OF CARDHOLDER _____

I understand that membership in the AEA is open to electrologists who practice and/or teach permanent hair removal utilizing needle type devices, and that the privileges of membership may be revoked for noncompliance.

I have read and agree to abide by the AEA code of ethics if I am accepted into membership.

Signature _____ Date _____

(For office use only) Date received: _____ Payment: _____ Check# / Credit Card _____