



Electrolysis Society of Florida

Application for Membership/Renewal

For faster processing you may complete your application and payment online at www.hairremovalflorida.com

NAME _____ CCE _____ CME _____ CPE _____

(MUST enclose a copy of current license) Electrolysis License # _____

Modality: (please circle all that apply) Thermolysis Blend Galvanic Multiple Needle Laser

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE (_____) _____ BUSINESS FAX (_____) _____

WEBSITE _____ EMAIL _____@_____.com

MAILING ADDRESS (if different from business) _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____

2nd BUSINESS LOCATION NAME (if applicable) _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE (_____) _____ BUSINESS FAX (_____) _____

PLEASE NOTE: ESF membership runs from January 1st – December 31st each year. Annual membership drive runs in December and January.

I hereby apply for membership in the ELECTROLYSIS SOCIETY OF FLORIDA. I acknowledge that the membership certificate shall remain the property of the society and that I have permission to use the name, logo, make reference to, or in any way align myself to the Electrolysis Society of Florida as long as I remain a member in good standing. I acknowledge dues are to be paid annually and I must attend at least one meeting per year to remain in good standing. I promise to abide by the Constitution and Bylaws of the Electrolysis Society of Florida and that the foregoing statements are true and accurate.

SIGNATURE _____ DATE _____

Please mail completed Application Form, copy of license and a check payable to ESF, (for both new/renewing members) in the amount of \$143.

Shannon Harris
3060 Covenant Cove Dr.
Jacksonville, FL 322

TO BE COMPLETED BY ESF BOARD MEMBER			
Date received _____	Check # _____	Amount \$ _____	
Member: ESF or EAF	Membership Exp: _____/_____/_____		
Update member account: _____			
L _____	C _____	S _____	W _____