

BEAUTY INDUSTRY *West*

Bringing Together the Best of Beauty

MEMBERSHIP APPLICATION 2014

PLEASE PRINT:

DATE:

Name: _____

Company: _____

Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell: _____ Fax: _____

E-Mail: _____ Website: _____

MEMBERSHIP DIRECTORY INFORMATION: Company Information (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Marketer/Distributor of Beauty | <input type="checkbox"/> Products Advertising |
| <input type="checkbox"/> Contract Manufacturing | <input type="checkbox"/> Ingredient Supplier |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Packaging & Design |
| <input type="checkbox"/> Formulator of Beauty Products | <input type="checkbox"/> Fragrance Supplier |
| <input type="checkbox"/> Regulatory | <input type="checkbox"/> Other _____ |

BRIEF COMPANY DESCRIPTION (50 WORDS OR LESS): _____

PAYMENT METHOD

- Cash
- Check (Make check payable to: Beauty Industry West)
- Credit Card: We accept Visa, Mastercard or AmEx

Name on card

Card Number

Exp date

Sec Code

You may mail this membership form with check or credit card payment to:

Beauty Industry West, P.O. Box 90817 Los Angeles, CA 90009-0817

MEMBERSHIP DUES STATUS

Please check one:

- New Member \$ 90.00 (\$30 initiation fee + \$60 annual dues)
- Renewing Member \$ 60.00
- Student Member (No dues for 1 year)

School Name

For Office Use Only

Payment Method

- Check #
- Cash CC

Amount:

Date:

Rec'd by:

SPONSORSHIP

I would be interested in sponsoring a meeting and/or mixer: Yes No

Best way to contact me: Phone Email Mail