



# Membership Application

## Invest in Your Profession!!!!

Please print clearly  
and fill out completely.

Thank you!

*Please print name as you want it to appear on Certificate*

Name: \_\_\_\_\_ State License # \_\_\_\_\_

National Certification Letters: \_\_\_\_\_

### Business Information

DBA or Employed at: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

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

Cell Phone # (optional) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

Website (optional) \_\_\_\_\_

### Equipment Information

Epilator you use: \_\_\_\_\_

Modality Used: Thermolysis \_\_\_\_\_ Galvanic \_\_\_\_\_ Blend \_\_\_\_\_

### Home Information

Home Address: \_\_\_\_\_

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

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

Mail to: Home \_\_\_\_\_ Business \_\_\_\_\_

*Education Information*

*Graduate of (Electrolysis School):* \_\_\_\_\_

*Graduation Date:* \_\_\_\_\_ *Are you self employed:* \_\_\_\_\_

*Are you currently in practice: Full time* \_\_\_\_\_ *Part time* \_\_\_\_\_

*Do you work out of a: Private Office* \_\_\_\_\_ *Salon* \_\_\_\_\_ *Home* \_\_\_\_\_

*If accepted into membership, I agree to abide by the By-Laws and Ethics of the Wisconsin Electrologist Association and I understand that the privileges of Membership may be revoked for non-compliance.*

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

*Yearly Dues are \$75.00 due January 1<sup>st</sup>*

*New Members are prorated quarterly*

*January thru March - \$75.00*

*April thru June - \$56.25*

*July thru September - \$37.50*

*October thru December - \$18.75*

*Remit payment and application to:*

*W.E.A Treasurer*

*2050 Riverside Drive Suite 106*

*Green Bay, WI 54301*