

COLORON... PROFESSIONAL

ColorOn Pro. MEMBERSHIP APPLICATION

Customer Name: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

As a member of ColorOn Pro, you will receive communication via e-mail. If you would also like to receive information regarding our products or events via email, please indicate your email address here:

CATEGORIES AND ELIGIBLE PROFESSIONS

Check one only

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Makeup Artist | <input type="checkbox"/> Aesthetician | <input type="checkbox"/> Performer/On Air Talent | <input type="checkbox"/> Fashion Stylist |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Model | <input type="checkbox"/> Hairstylist | <input type="checkbox"/> Nail Technician |

PROFESSIONAL IDENTIFICATION

A copy of photo identification and two pieces of professional criteria must be included with the application and membership fee. Example of professional identification:

Composite Card
Business Card with name and specific profession
Editorial Page with name credit
Union Card
Head Shot & Resume
Professional License
Diploma/ Certificate
Publication Masthead
Program/Press Material w/name
Contract on production company Letterhead
Crew/ Call list on prod. Co. letterhead
Professional letter of reference of employment

**Required identification must be current, indicate your name and specific profession.
All identification will be destroyed after processing and will not be returned to you.**

Return completed application and accompanying credentials by fax to 954-725-8977.