

Texas Association of Hair Removal Specialists

www.TAHRs.com

Membership Application



NOTE: Please type or print all information clearly.

Name: _____

Date of Birth: _____ (As it is to appear on the certificate)

Business Name: _____

Address: _____ Zip: _____

Telephone (____) _____ Fax: (____) _____

E-mail: _____ Website: _____

Residence Address _____ Zip: _____

Telephone (____) _____

Academic Level: (check the highest level):

High school _____ Some College (Years Attended _____) College Graduate (Degree Earned _____)

Post Graduate _____ Trade/Nocational _____ Other _____

In what year did you begin your work as a hair removal specialist? Year: _____

Name of Hair removal School or Teacher: _____

Address: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

Number of hours completed: Theory _____ Galvanic _____ Thermolysis _____ Blend _____ Laser _____ Other _____

Method of Sterilizing Needles and Instruments: _____

Other types of hair removal devices/methods other than a needle-type epilator? Yes _____ No _____

List types: _____

Are you Nationally Certified? Yes _____ No _____ Certification Number- _____

Credentials: _____ Certifying State Board: _____ Expiration _____

Please include a copy of the certificate or an official document from your instructor/school

Date you began practice: Full- time _____ Part time _____

Membership applied for: Active _____ Provisional _____ Associate _____ Professional _____

Applicant must be referred for membership by a current TAHRS member.

Referring member: _____

Address: _____

Telephone: (_____) _____ Zip _____

As a TAHRS member, I agree to use A.M.A. accepted permanent hair removal methods.

As a TAHRS member, I agree to abide by the TAHRS Bylaws and Membership Standards. I further understand that all certificates, insignia, plaques, etc. issued to me indicating membership in the TAHRS are the property of the TAHRS and are to be returned in the event of the termination of membership.

Date: _____ Signature: _____

Mail all TAHRS correspondence to my: Business- R sidence: _____

Submit dues and fees in check or money order payable to TAHRS,

Membership Dues: \$75.00

Application Fee: \$15.00 * Note: Non-refundable fee.

Total Due \$90.00

Note: If you have indicated any certification or licensing initials behind your name, attach a copy of your notification letter or license from the certifying board as proof of certification.

Your application cannot be processed unless these accompany this form.