



MEMBER APPLICATION
 Southern California Cosmetology & Barbering Employers Association
 9050 Telegraph Road Suite 102A Downey CA 90240 (562) 862-1090 Fax (562) 862-8399

FI-A-MA
Versión 1.8

Member # _____
 For SCCBEA use only _____

Apprenticeship Program Member

Non Apprenticeship Program Member

- Employer \$175.00
- Trainer (No Contribution Needed)
- Apprentice (No Contribution Needed)

- Industry Related Employers \$245.00
- Licensed Professionals \$145.00
- Students \$ 35.00
- Other Individuals \$ 65.00

Name: _____ Gender: F M
LAST MID

Date of Birth: _____ / _____ / _____ Last four of SSN: _____ of ITIN: _____
Month Day Year

Address: _____
St City Zip Code

Home Phone Work Phone Email

BBC License No: _____ Expiration Date: _____

Establishment Name: _____

Establishment License No: _____ Expiration Date: _____

Address: _____
St City Zip Code

I _____ agree to the following:

___ I understand that SCCBEA is a Non-Profit organization 501 (c) (3) and is made up of members of the beauty industry such as beauty salons, professional barbershops, and students who are interested in the opportunity to study a profession in the labor education system.

___ I understand that SCCBEA is organized to represent under the statute the sponsor of the Apprenticeship Program: Cosmetica CBUAC, that operates under the statues of The Department of Apprenticeship Standards (DAS), and The Department of Industrial Relations (DIR).

___ I understand that as a member of SCCBEA I must comply with the Laws, Rules and Regulations stipulated by Cosmetica CBUAC, that operates under the statues of The Department of Apprenticeship Standards (DAS), The Department of Industrial Relations (DIR), and The Board of Barbering and Cosmetology (BBC).

___ I certify under penalty of perjury under the laws of the State of California that the information provided on this application is true and correct to the best of my knowledge that all statements made on this form are subject to investigation, and that any false or dishonest answer to any question may be for denial or subsequent revocation of this application.

 Applicant's Signature

 Date