



## MASTER JUDGES MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Salon Name: \_\_\_\_\_

Salon Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

License #: \_\_\_\_\_

### Please indicate your professional background:

- |   |                                 |                               |
|---|---------------------------------|-------------------------------|
| I have competed in competitions                     | <input type="checkbox"/> Yes    | <input type="checkbox"/> No   |
| I have judged competitions previously               | <input type="checkbox"/> Yes    | <input type="checkbox"/> No   |
| I have organized competitions previously            | <input type="checkbox"/> Yes    | <input type="checkbox"/> No   |
| I have been a guest artist at a major show          | <input type="checkbox"/> Yes    | <input type="checkbox"/> No   |
| I have taught classes and given workshops in Canada | <input type="checkbox"/> Yes    | <input type="checkbox"/> No   |
| I have done platform work                           | <input type="checkbox"/> Canada | <input type="checkbox"/> U.S. |

### Payment Information:

**Please Note:** A credit card number must be provided to confirm your membership. If cash/cheque is indicated below, your credit card will only be charged if payment is not received at the ABA Office.

- Cheque/Cash       Visa       Mastercard

\_\_\_\_\_      \_\_\_\_\_  
Card Number      Expiry Date (M/Y)

\_\_\_\_\_  
Cardholders Name

I, \_\_\_\_\_, wish to take part in the ABA Master Judges Program. I understand that there is a **\$100** initiation fee and a subsequent fee of **\$90 (\$45 for MJ membership and \$45 for ABA Cosmetology membership)** each year onwards to keep membership active. I authorize the ABA to charge the membership fee of **\$90** to my credit card each year unless otherwise stated by written agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date