



CANADIAN AESTHETICS ASSOCIATION

2601 Matheson Blvd. E., Unit 15
Mississauga, ON
L4W 5A8

TEL: 905-629-8088

TOLL-FREE: 1-866-650-1777

FAX: 905-629-9022

E-MAIL: info@canadianaesthetics.com

APPLICATION FOR MEMBERSHIP REGISTRATION

SECTION A: GENERAL

Please read through the application thoroughly, complete all necessary sections, and sign where required. Mail the completed form and all additional information to:

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- Applications will be reviewed as received.
- Please include copies of official transcripts from all academic institutions. For registered students, please include proof of enrollment (i.e., letter from the institution, proof of paid fees).
- Include the appropriate non-refundable membership fee with your application. Membership fee is payable by cheque or credit card. Make cheques payable to "Canadian Aesthetics Association". **DO NOT SEND CASH.**
- Please enclose a photocopy of proof of citizenship (e.g., birth certificate) and a governments-issued photo ID (e.g., valid driver's license). A passport is suitable for both proof of citizenship and government-issues photo ID. (NOTE: Health cards will NOT be accepted).



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I am currently applying for CAA membership as a (please check one):

- REGISTERED STUDENT (\$125 annually)
- PROFESSIONAL AESTHETICIAN (\$250 annually)
- MEDICAL AESTHETICIAN (\$350 annually)

SECTION B: PERSONAL INFORMATION (PLEASE PRINT)

- Mr.
- Ms.
- Dr.
- Other: _____

FIRST NAME:

LAST NAME:

DATE OF BIRTH
(DD/MM/YYYY):

ADDRESS:

HOME PHONE:

CELL PHONE:

FAX:

E-MAIL:



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SECTION C: ACADEMIC/EMPLOYMENT INFORMATION (PLEASE PRINT)

Section I--For registered student's ONLY:

NAME OF EDUCATIONAL INSTITUTION:

ADDRESS:

DATE ENROLLED (MM/YYYY):	EXPECTED GRAD DATE (MM/YYYY):
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Section II--For professional and medical aestheticians ONLY:

NAME OF SPA/CLINIC/BUSINESS:

ADDRESS:

TELEPHONE:	FAX:
E-MAIL:	WEBSITE:



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Section III-- For professional and medical aestheticians ONLY:

REMINDER: TO BE CERTIFIED AS A MEDICAL AESTHETICIAN, ONE MUST HAVE GRADUATED FROM A RECOGNIZED CANADIAN AESTHETICS SCHOOL AS WELL AS COMPLETED 10 CREDITS WORTH OF ADDITIONAL THEORY-BASED EDUCATIONAL COURSES.

Please fill in all academic information.

Academic Institution (college, government or private school)	Year Enrolled		Field of Study/Course	Diploma Obtained (Y/N)
	From	To		

SECTION D--ACKNOWLEDGMENT

I hereby apply for membership to the Canadian Aesthetics Association. I understand that the fee covers the cost of membership benefits and is non-refundable. I have read and understand the membership requirements. I certify that the information provided in this application is true, is completed to the best of my knowledge and that all the documentation submitted becomes property of CAA.

SIGNATURE: _____

DATE: _____



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PLEASE DON'T FORGET...

- Ensure that the entire application form is completed in full, signed and dated.

- Ensure that you have submitted the following:

- Copies of **transcripts** or **proof of enrollment**

- Photocopy of **proof of citizenship** and **government-issued photo ID**

- Appropriate **membership fee** (Students: \$150, Professional aestheticians: \$250, Medical aestheticians: \$350).