



representing
beauty & wellness
education
since 1924

Associate Membership Application

Why Join?

Company Name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Website: _____
 Primary Contact: _____ Title: _____
 Primary Contact Email: _____ Phone: _____
 Cell: _____

Networking

Participating in AACS events allows you to get face time with school members looking for new products and services.

Marketing Support

Members get discounted advertising, reduced exhibit space rates at events, sponsorship packages and access to 800+ member beauty schools.

Protect Future Workforce

AACS advocates on behalf of members, protecting the best interests of your customers and future work force.

Please circle the categories below that apply to your company:

- | | |
|--------------------------------|------------------------------|
| Accreditation Consulting | Marketing/Advertising |
| Apparel | Massage Therapy |
| Default Management/Collections | Nail Care |
| Disinfectants | Professional Services |
| Financial Aid Services | Salon Equipment/Furnishings |
| Hair Care/Hair Color | Shears/Clippers |
| Hair and Eyelash Extensions | Skin Care |
| Job Placement | Software |
| Makeup Supplies | Student Kits/State Exam Kits |
| Manufacturer/Distributor | Training/Education Material |
| | Tuition Financing |

Questions?

Contact: Linda Williams
P: 800.831.1086 ext. 102
E: linda@beautyschools.org

2017 AACS Events

AACS Annual Convention

AACS Annual Convention
 (For Owners, Management, Admissions)
 October 20-23, 2017
 Planet Hollywood, (Las Vegas, NV)

NACCAS Workshops

These exhibiting opportunities are available to members only.

March 12-13, 2017

Hilton Tampa Downtown, (Tampa, FL)

June 25-26, 2017

Hilton Alexandria Mark Center
 (Arlington, VA)

September 17-18, 2017

Hilton Salt Lake City Center
 (Salt Lake City, UT)

December 10-11, 2017

Bally's Las Vegas, (Las Vegas, NV)

Membership Investment

\$900 Annually

First year dues may be prorated. Please contact AACS for more information.

Payment

Check Amount Enclosed \$ _____
 Please make checks payable to: **AACS**

Visa Mastercard Amex

Card Number _____
 Exp. Date _____ CVV Code _____

Cardholder Name _____
 Billing Address _____
 Billing City _____ State _____ ZIP _____