



representing
beauty & wellness
education
since 1924

School Membership Application

School Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Primary Contact: _____ Title: _____

Primary Contact Email: _____ Phone: _____

Average number of students? _____ Is your school: ___ Title IV ___ Privately Funded

Is your school accredited? ___ Yes ___ No If yes, by which agency? _____

Please circle the courses below that are taught at your school:

- | | | |
|-------|----------------|---------------------|
| Hair | Barbering | Instructor Training |
| Skin | Makeup | Massage Therapy |
| Nails | Continuing Ed. | Other _____ |

Would you like to sign up for the AACCS Email List Serve to connect with fellow school owners and managers? ___ Yes ___ No

Would you like to participate in the ACE Grant program, a lead generator for members?
___ Yes ___ No (For more information please call 800.831.1086 ext. 102)

How many school locations do you have? _____

(AACCS by-laws state that if the school owner owns more than one school, dues must be paid for each school, wherever they may be located. Failure to pay all dues will result in withdrawal of membership and benefits.)

Please list contact information for each additional location & staff members on page 2 of this application.

Membership Investment

First Location

\$950—Title IV Funded School
\$650— Privately Funded School

Locations 2—10

\$600 each

Locations 11—50

\$225 each

Additional Schools, above 50

\$200 each

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

Payment

Check Amount Enclosed \$ _____

Please make checks payable to: **AACCS**

Visa Mastercard Amex

Card Number _____

Exp. Date _____ CVV Code _____

Cardholder Name _____

Billing Address _____

Billing City _____ State _____ ZIP _____

The IRS has ruled that AACCS membership dues are a legitimate business expense. The nondeductible portion of your dues to be paid is 15%.

Why Join?

Advocacy

We advocate on behalf of members to combat harmful regulations and legislation that threaten your school.

Scholarships

There is nearly \$2 million in scholarship funds available only to students at AACCS member schools.

Educational Events

With three annual events, AACCS educates members on the most current industry trends.

Networking

Have access to a network of other school owners, directors and professionals all going through the same challenges that you may be facing.

Deals & Discounts

Members save money on goods and services with AACCS Affinity partners. We have tons of vendors that give our members exclusive deals to the industry's best products.

What do AACCS members have to say?

"Any school in the United States should be a member of AACCS—the conferences, the training we've got, the information for admissions has been phenomenal."

- **Melissa Bittle**, Academy of Hair Design (Springfield, MO)

"If we were approached by a new school with the interest of possibly joining AACCS, my recommendation would be to do it as soon as you can."

- **Garrett Shuler**, Kenneth Shuler School of Cosmetology (Columbia, SC)



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School Membership Application

Staff Members

Your educators & staff can receive updates, our e-newsletter, PR Tips, scholarship opportunities & more!

School Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Primary Contact: _____ Title: _____

Primary Contact Email: _____ Phone: _____

Cell: _____

Average number of students? _____ Is your school: ___ Title IV ___ Privately Funded

Is your school accredited? ___ Yes ___ No If yes, by which agency? _____

Please circle the courses below that are taught at your school:

- | | | |
|------|-----------|---------------------|
| Hair | Barbering | Instructor Training |
| Skin | Makeup | Massage Therapy |

Name: _____

Job Title: _____

Email: _____

Cell: _____

Name: _____

Job Title: _____

Email: _____

Cell: _____

Name: _____

Job Title: _____

Email: _____

Cell: _____

School Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Primary Contact: _____ Title: _____

Primary Contact Email: _____ Phone: _____

Average number of students? _____ Is your school: ___ Title IV ___ Privately Funded

Is your school accredited? ___ Yes ___ No If yes, by which agency? _____

Please circle the courses below that are taught at your school:

- | | | |
|-------|----------------|---------------------|
| Hair | Barbering | Instructor Training |
| Skin | Makeup | Massage Therapy |
| Nails | Continuing Ed. | Other _____ |

Name: _____

Job Title: _____

Email: _____

Cell: _____

Name: _____

Job Title: _____

Email: _____

Cell: _____

Name: _____

Job Title: _____

Email: _____

Cell: _____

Questions?

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

2017 AACS Events

Spring Owners Intensive Workshop

May 5-8, 2017

Sheraton Grand at Wild Horse Pass, (Chandler, AZ)

AACS Annual Convention

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