

## SALON/SPA MEMBERSHIP APPLICATION FORM

SAAHSP is a Non-Profit Organisation that is a dynamic organisation that aims to foster professionalism and unity in the industry, and to co-operate and liaise with all participants in the skin, body and nail care industry ensuring the maintenance of the highest standards of ethical conduct.

### BENEFITS OF BEING A SAAHSP SALON MEMBER:

1. Access to qualified & verified professionals
2. Assistance with client concerns, queries & complaints
3. Offer the opportunity to become internationally recognised
4. Workplace skills plan assistance through online PR calendar
5. Free mystery guest evaluation

**#DoTheRightThing**

Your membership is valid for one (1) year and renewed annually.

Pro Rata membership fees apply from April 2019.

**SAAHSP Membership Fees for 2019– please indicate with an X**

#### NEW APPLICATION

New Salon Membership: R1,100	<input type="checkbox"/>
1 Professional Member: FREE	<input type="checkbox"/>
Other Staff Members less 10% (each): R693	<input type="checkbox"/>

I enclose payment as:

SnapScan	<input type="checkbox"/>
Bank Deposit	<input type="checkbox"/>
EFT	<input type="checkbox"/>



Snap here to pay

 SnapScan

- **Bank reference should be your full name and surname.**
- Email confirmation of payment with this Application Form to [info@saahsp.co.za](mailto:info@saahsp.co.za)
- All payments are due at the end of each calendar month.

#### BANKING DETAILS:

SAAHSP  
First National Bank  
Cresta, Branch Code: 254 905  
Account Number: 5144 097 5783  
Send Proof of Payment to [info@saahsp.co.za](mailto:info@saahsp.co.za)

#### PHYSICAL ADDRESS:

Savanah Office Park  
Cycad Building  
Corner 9<sup>th</sup> Ave & Rugby Road  
Weltevredenpark  
Gauteng  
1709

#### POSTAL ADDRESS:

Postnet Suite 236  
Private Bag X1  
Cresta  
2115

Please complete the Application Form on page 2.

All fields below required to be completed in order to process your application

SAAHSP SALON MEMBERSHIP APPLICATION FORM	
Business Name	<input type="text"/>
Owners Name	<input type="text"/> <div>Contact person <input type="text"/></div>
Physical Address	<input type="text"/>
Code	<input type="text"/> <div>Province <input type="text"/></div>
Registration No	<input type="text"/> <div>VAT No <input type="text"/></div>
Landline No	<input type="text"/> <div>Cell No <input type="text"/></div>
Email Address	<input type="text"/>
Website Address	<input type="text"/>
Salon Type	Beauty/Skincare /Nail Clinic/Spa Center/Specify <input type="text"/>
Who referred you to SAAHSP?	<input type="text"/>

Declaration: I hereby agree that the above information is correct and authentic. I hereby agree that SAAHSP can list me on their marketing data base.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

All fields below required to be completed in order to process your application

PERSONAL CONTACT DETAILS							
Name and Surname							
ID No		DOB					
Email Address							
Physical Address							
Code		Province					
Landline number		Alternate number/Cell					
Nationality		Citizen	RSA	Dual	Permanent Resident	Other	
Home Language		Disability					
Gender		Equity	Black	Coloured	White	Indian	
Employment Status		Qualification obtained from					
Designation Type	Nail Technologist <input type="checkbox"/>	Beauty Technologist <input type="checkbox"/>	Beauty Therapist <input type="checkbox"/>	Somatologist <input type="checkbox"/>			
Designation Information (Evidence required)	Please attach to this form the following documentation for Designation application (certified copies) <ol style="list-style-type: none"> <li>CV (Detailed with all training obtained, references and list of subjects)</li> <li>Proof of Qualification – Highest achieved in the Industry</li> <li>ID Document of Relevant Proof</li> </ol>						
A <b>Nail Technologist (NTHS)</b> has completed a one-year formal qualification applying artificial nails and provides nail and nail care therapy on the hands and feet for the purpose of improving the appearance.							
A <b>Beauty Technologist (BTHS)</b> has completed a one-year formal qualification applying basic skincare, hand and foot treatments, hair removal, make-up applications and basic back and neck massage with a back treatment							
A <b>Beauty Therapist (BHS)</b> has completed a two-year formal qualification applying complete skincare and body treatments including massage to improve a person's appearance							
A <b>Somatologist (SOMHS)</b> has completed a three-year formal qualification focusing on the scientific study of the human body, including anatomy and physiology, physics, chemistry, nutrition and biotics.							

Declaration: I hereby agree that the above information is correct and authentic.

I wish to apply for membership and do solemnly declare that if elected a member, I will observe all conditions of Membership, conduct, Ethical rules and Regulations, CPD and will conduct myself honorably in the practices of my profession and maintain the dignity and welfare of SAAHSP at all times. I hereby agree that SAAHSP can list me on their marketing data base.

Signature of Applicant

Date

Savanah Office Park, Cycad Building, C/O 9<sup>th</sup> Avenue and Rugby Road, Weltevredenpark, 1709, Gauteng, South Africa  
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