



Atlantic Association of Professional Electrologists
New Member Application

Name: _____
(Surname) (Given Name)

Business Name: _____

Mailing Address: _____
(Number & Street)

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Email: _____

Business information

Position: _____ Electrolysis years of practice: _____

Modality used: _____ Certificate Number(s): _____
(Blend/Thermolysis/Electrolysis) (CPE/CCE/Other)

Other services offered: _____
(Laser/Wax/Facials/Nails/Other)

Are you a member of another Electrolysis Association?: _____
If yes, which ones

***Include photocopies of all your Electrolysis Diploma(s) and Certificates with this application.**

***Note: Applicant MUST include a copy of an FCEA issued CPE Certificate or a Certificate from a 300hr - 500hr registered school to become a member of the Atlantic Association of Professional Electrologists.**

AAPE New Member fee \$275.00

Date

Signature

Amount paid: \$_____ Date paid: _____

Receipts will be issued upon acceptance of membership. **Please send your new membership application and etransfer to: admin@aape.co**

(Date Received)
(AAPE use only)