



Canadian Organization of Professional Electrologists (C.O.P.E.) Membership Application

Membership Dues of \$125.00 and Application/Renewal form are due by March 15th of every year. Unpaid dues by March 30th of every year will be charged an additional \$25.00.

Personal Information

If this is a RENEWAL only, no further information is required, just include your name, sign, date and mail with fees \$125.00

IMPORTANT: (If you have 3rd party verification for your autoclave please send a recent copy with fees)

Name _____
First Name Last Name

Home Address _____
Number and Street Address City Postal Code

Home Phone (____) _____ Email Address _____

Business Information

Business Name: _____

Business Address: _____
Suite #, Number and Street/Ave. Name

_____ City Province Postal Code

Business Phone (____) _____ Web Site _____

Please send mail to: Home Business

I have been the Owner Employee of the above business for _____ years.

I work: Full Time (30 or more hours/week) Part-Time _____ hours/week

Modalities Available at my business: Galvanic Short-Wave/Thermolysis Blend Laser
(check all boxes that apply)

Electrolysis Epilator: Brand name: _____

Laser Machine: Brand name: _____

Does your Business meet your Province's Department of Health & Safety Standards Yes No Not sure

Date of Last Public Health Inspection (if none, indicate N/A): _____

Method of Sterilization used in your Business: Autoclave Dry Heat Chemical

(All three of the above sterilization methods are acceptable by COPE National for membership purposes. For Referral purposes only, please indicate, below, if you have a current 3rd Party Verification document on your 'autoclave' or dry heat sterilizer). **Most local 'Health Department Officials' require you to have 3rd party verification for your autoclave.**

Autoclave 3rd Party Document – Date

Dry Heat 3rd Party Document – Date

Other Services available in your Business:

- Esthetics
- Nails
- Reflexology
- Ear Piercing
- Other _____
- Laser Hair Removal
- Electrocoagulation
- Microdermabrasion
- Advanced Cosmetic Procedures

Other Provincial, Federal or U.S. Electrolysis Associations you are presently a member of:

Educational Data

Name and address of school where you received your electrolysis training (new members only):

Date you received your electrlolysis certificate: _____ # of training hours: _____

Other Continuing Education and Certification: (Renewal members please update for our records/no copy required):

(New Members only, enter date you passed these exams and forward photocopy with application)

C.C.E.	Canadian	_____	Date on certificate	_____
C.P.E.	Canadian	_____	Date on certificate	_____
R.E.	B.C.	_____	Date on certificate	_____
C.C.E.	International	_____	Date on certificate	_____
C.P.E.	International	_____	Date on certificate	_____
R.D.T.	Canadian	_____	Date on certificate	_____

Work Experience in electrolysis: Full Time years _____ Part-Time years _____

Are you a past member of COPE? Yes No If "yes" please list membership # _____

I hereby certify that all the information on this form is complete and correct to the best of my knowledge. If accepted, I promise to abide by the by-laws, rules and regulations of the Canadian Organization of Professional Electrologists.

Signature: _____ Date: _____

Please attach your check in the amount of \$125.00 (your annual fee due March 15th of every year) payable to COPE. (If you wish to use your c/c for payment of your yearly dues – contact Phyllis @ 403-628-3522 or email: tourond@telusplanet.net)

Mail this form, a copy of your school certificate (*past members do not need to send copy of certificate of training*) and your check to:

Canadian Organization of Professional Electrologists (COPE)
 c/o Verna Conat
 2822 Oakridge Cres. Prince George, B.C. V2K3X6
 Phone: 1-250-552-0063 Email: chantelconat@hotmail.com

Office Use Only – For New Member applications only

Date Received	Processed by	Check #	Amount	Date Deposited
_____	_____	_____	_____	_____
Date Application Accepted	Membership Certificate Ordered	Membership Certificate Sent	Date Receipt Issued	Receipt Number
_____	_____	_____	_____	_____
Date Application Rejected	Applicant Notified & Check Returned	Reason for Rejection		
_____	_____	_____		
_____ Signature of Director				