



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

*Membership Dues are \$125.00. Application/Renewal form is due by March 15<sup>th</sup> of every year.  
Unpaid dues by March 30<sup>th</sup> of every year will be charged an additional \$25.00.  
New Members: Dues will be pro-rated @ \$10.00 per month up to March of every year.*

## Personal Information

It is important that the 'Membership Chairperson' stays current with all your information, please fill out the membership form yearly. If you are a 'current member' there is no need to send copies of any/all certifications. If you do 3<sup>rd</sup> Party Verification for your autoclave, please include your most recent test result with your application/renewal form yearly.

Name \_\_\_\_\_  
First Name Last Name

Home Address \_\_\_\_\_  
Number and Street Address City Province Postal

Home Phone \_\_\_\_\_ Cell: \_\_\_\_\_ Email \_\_\_\_\_

## Business Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City Province Postal Code Cell

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 Epilators: Brand names: \_\_\_\_\_

Laser Machines: Brand names: \_\_\_\_\_

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

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

Autoclave 3<sup>rd</sup> Party Document – Date \_\_\_\_\_  Dry Heat 3<sup>rd</sup> Party Document – Date \_\_\_\_\_

**Other Services** available in your Business:  Esthetics  Laser hair removal  
 Nails  LBGTQ2S   
 Microscopic  Microdermabrasion  
 Thermocoagulation:(skin tags, rubies, spider veins, keratosis and other minor skin lesions)  
 Other \_\_\_\_\_

**Other Electrolysis Associations you are presently a member in good standing of:**

Electrolysis Society of Alberta ESA  Saskatchewan SEA  Atlantic AAPE  FCEA Ontario  TAPEBC   
American Electrolysis Association AEA  Society of Clinical & Medical Hair Removal SCMHR

**Educational Data**

Name & address of school you received your training in electrolysis. Please list all 'School's' contact information, including full address, phone number, email address & 'Instructor's' name. **(new members only):**

Date you received your electrolysis certificate: \_\_\_\_\_ Total # of hours (theory & practical) \_\_\_\_\_

**Other Continuing Education and Certification:** (renewal members please update for our records, please mail copies of any new designations you have acquired since last renewal):

Enter date you passed these exams and forward photocopies with application/renewal. (Photo can be texted to 'Membership Chairperson' at 1-250-552-6214 or mailed with application and dues).

C.C.E.	Canadian	_____	Date on certificate	_____
C.P.E.	Canadian	_____	Date on certificate	_____
C.E.	Canadian	_____	Date of 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	_____

(as a member in good standing of COPE National, if you would like information on any of the above designations, please contact any of your Directors, email to [contact@electrolysis.ca](mailto:contact@electrolysis.ca) or call (toll free) 1-800-229-9262).

Work Experience in electrolysis: Full Time years \_\_\_\_\_ Part-Time years \_\_\_\_\_

Are you a past member of COPE?  Yes  No "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 be an active/contributing member, abide by the by-laws, rules and regulations of the COPE NATIONAL.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach your annual or pro-rated dues with this application. (new members may have to pay a pro-rated fee calculated at \$10.00 per month up to March of every year. Checks are made payable to COPE National. [If you wish to use your c/c or e-transfer please contact our Treasurer, Phyllis @ 1-800-229-9262 or email: contact@electrolysis.ca](mailto:contact@electrolysis.ca)

Mail the application, dues and all pertinent information to your membership chairperson at the address below:

**Canadian Organization of Professional Electrologists (COPE)**  
c/o Verna Conat  
2822 Oakridge Cres. Prince George, B.C. V2K 3X6  
Phone: 1-250-970-0222 or 1-250-962-0292 Email: [vernaconat@icloud.com](mailto:vernaconat@icloud.com)

Office Use Only (Do not detach):  
'Applications' must be brought to attention of COPE National Board if training certificate and/or hours of training is questionable).

Date Received: _____ check <input type="checkbox"/> c/c <input type="checkbox"/> e-transfer <input type="checkbox"/> pro-rated amt. \$ _____ + Dues \$ _____ = Total \$ _____						
Application Accepted as received: <input type="checkbox"/>	Application sent to Board <input type="checkbox"/>	Membership Certificate Mailed <input type="checkbox"/>	Receipt Mailed: <input type="checkbox"/>	By-Laws Mailed: <input type="checkbox"/>	Ins. Info. Mailed: <input type="checkbox"/>	Benefits/Membership Mailed: <input type="checkbox"/>
Application rejected: <input type="checkbox"/>	Applicant notified by written letter: <input type="checkbox"/>	Payment returned to applicant: <input type="checkbox"/>	Payment held pending exam <input type="checkbox"/>	Practical exam requested: <input type="checkbox"/>	Written exam requested <input type="checkbox"/>	
Reason for Application Rejected: _____						
Board Member assigned for 'Practical Exam': _____			Applicant's grade on practical: _____ %			
Board Member assigned to sit 'Written Theory Exam': _____			Applicant's grade on written: _____ %			
Applicant now accepted as a COPE member: yes <input type="checkbox"/> no <input type="checkbox"/>				COPE Membership # _____		
_____ Signature of Membership Chairman						