



CANADIAN ORGANIZATION OF
PROFESSIONAL ELECTROLOGISTS

Application for Membership

Triva Baker - COPE National Membership Chairperson
Phone: 1-250-692-6879 Email: info@electrolysis.ca

Please check all boxes that apply below:

- Membership:** Dues are due on **March 1st of every year** – Yearly fee is **\$150.00**
- Student fees:** If application is received by the Membership Chairperson within 3 months of student's graduation, the first years dues are ½ of regular membership fee.
- New Members:** Dues are pro-rated @ \$15.00/month up to March 1st of the year in question. (please contact **Triva Baker** to calculate the correct pro-rated dues owing).
- Late Dues:** On March 30th of every year 'members' are 'invoiced a \$25.00 late fee in addition to their yearly dues.
- Arrears:** If dues are more than 3 months in arrears a 'delinquent member' must pay \$200 x the number of years in arrears (to a maximum of \$400). In certain condition's this 'Arrears Fee' may be waived (contact Triva Baker to review).

Personal Information

It is important that the 'Membership Chairperson' stays current with all your information.

First Name _____ Last Name _____

Home Address _____
Number and Street Address City Province Postal

Home Phone _____ Cell: _____ Email: _____

Business Information

Business Name: _____

Address: _____
Number and Street Address City Province Postal

Business Phone: _____ Web Site: _____

Please send mail to: Home Business

I have been the Owner Employee Number of years _____

I work: Full Time (30+ hrs/wk) Part-Time Hours/week _____

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

Electrolysis Epilators/Brand names: _____

Laser Machines/Brand names: _____

Method of Sterilization used in your Business: Autoclave Dry Heat Chemical/Cold
Please describe your method & name of products used during chemical/cold (use separate sheet if needed):

Date on current autoclave 3rd Party document: Month _____ Day: _____ Year: _____

Date on current dry heat 3rd Party document: Month _____ Day: _____ Year: _____

Services available in your Business: Galvanic Blend Thermolysis
 Laser/IPL Microdermabrasion Esthetics Men LGBTQ2+*
 Private areas for men and/or women Thermocoagulation

*COPE National has recently set up a sub-committee to develop a Trans Care Education program for our members. It is not the intent of COPE National to undermine any of you that are already treating Trans clients but rather to learn together and expand everyone's knowledge in this highly demanding area of our expertise. It is always difficult for our 'volunteer members and sub-committee's' to allocate the time needed to fully develop these programs but they are dedicated and up-dates to members will follow.

*If any member wishes to expand there own learning on these issues (while waiting for our Trans Care Education programs to be developed), please refer to the following sites:

- 1) Trans Care BC website: <http://www.phsa.ca> ; email: transcarebc@phsa.ca 1-866-999-1514.
- 2) Key Transgender support resources, covering every province across Canada visit the following website: <https://www.cdn aids.ca/key-transgender-support-resources/>
- 3) Interested members may also contact COPE National for updates & information at info@electrolysis.ca.

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
Other Associations (Please list)

Educational Data – New Member's **MUST** attach a copy of 'Certificate of Graduation' plus any and all other supporting documents including additional training and support after graduation if you did not complete a 500 hour course.

Training Information (new applicants only): Please fill in "all" area's completely.

Name of Training Institute: _____

Address _____ City _____ Province _____ Postal _____

Name of Instructor(s): (1) _____ (2) _____

Phone: _____ Email: _____

Date you received electrolysis certificate: Month _____ Day: _____ Year: _____

Total number of 'theory hours' completed: _____ Total number of 'practical hours' completed: _____

The **COPE National Membership Application Review Board** will have final say on 'all' Membership Applications unless otherwise stipulated by the Board to the Membership Chairperson.
(If your initial electrolysis training course was less than 500 hours, please list on a separate sheet and/or provide copies of 'all other' training and assistance you have received in regard to continued training).

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):

- C.P.E. FCEA Date of certification: Month _____ Day _____ Year _____
- C.E. Swanson Graduates Date of certification: Month _____ Day _____ Year _____
- R.E. TAPEBC Date of certification: Month _____ Day _____ Year _____
- C.C.E. International (US) Date of certification: Month _____ Day _____ Year _____
- C.P.E. International (US) Date of certification: Month _____ Day _____ Year _____

Work Experience in electrolysis: New Business Full Time (yrs) _____ Part-Time (yrs) _____

Are you a past member of COPE? Yes No Previous COPE Membership Number: _____

Liability Insurance is in place? Yes Not yet Name & Policy # _____

Health Inspector has contacted you Yes Not yet Date arranged: Month ____ Day ____ Year ____

Date the Public Health Inspection last attended your business: Month ____ Day ____ Year ____

I have applied for a City License? Yes Not yet

Guidelines when opening a new business: Personal Service Establishment Guidelines (cut & paste into your browser).
 Province of B.C. - https://www2.gov.bc.ca/assets/gov/health/...bc.../pse_guidelines_final_nov_2017.pdf
 Province of AB - <https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-open-personal-service-facility.pdf>

I hereby certify that all the information on this form is complete and correct to the best of my knowledge. By the signing of my signature below, I promise to be an active/contributing member, abide by the By-laws, Standards of Ethical Conduct and all rules and regulations of COPE NATIONAL.

Signature: _____ Date: _____

Checks are made payable to **COPE National**. E-transfers and c/c to: **info@electrolysis.ca**

Send your signed, completed application, copy of certificate and dues to your membership chairperson below:

Canadian Organization of Professional Electrologists

Triva Baker, C.E. – Membership Chairperson
 2797 Oakridge Crescent, Prince George, BC V2K 3Y2 Phone: 1-250-692-6879 Email: info@electrolysis.ca

Office Use Only (Do not detach):

Date Received: _____ check <input type="checkbox"/> e-transfer <input type="checkbox"/> pro-rated <input type="checkbox"/> (\$15 x ____ months=\$_____) or full \$150 <input type="checkbox"/>						
App. Accepted as received: <input type="checkbox"/>	Application sent to Board <input type="checkbox"/>	Certificate Mailed <input type="checkbox"/>	Receipt Mailed: <input type="checkbox"/>	By-Laws Mailed: <input type="checkbox"/>	Ins. Info. Mailed: <input type="checkbox"/>	Benefits Mailed: <input type="checkbox"/>
Application Rejected: <input type="checkbox"/>	Applicant notified by letter: <input type="checkbox"/>	Payment returned to applicant: <input type="checkbox"/>	Practical exam requested: <input type="checkbox"/>	Written exam requested <input type="checkbox"/>	Payment held pending exam <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 Chairperson						