



## MEMBERSHIP APPLICATION

Name (Print): \_\_\_\_\_  
*First Middle Last*

Place an (X) in the box next to your preferred mailing address.

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

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

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Second Location Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Residence  \_\_\_\_\_  
*Street City State Zip code*

Phone: \_\_\_\_\_  
*Home Cell*

Maryland State Board of Nursing License #: \_\_\_\_\_ Active Status: \_\_\_\_\_ Inactive Status: \_\_\_\_\_

**Attach a copy of your current Maryland License**

**Check all that apply:**

- ❖ Electrologist \_\_\_\_\_ Electrology Instructor \_\_\_\_\_
- ❖ Self-Employed \_\_\_\_\_ Private Contractor \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Group Practice \_\_\_\_\_
- ❖ Professional Office \_\_\_\_\_ Home Office \_\_\_\_\_ Medical Office \_\_\_\_\_ Salon \_\_\_\_\_ Other \_\_\_\_\_

Electrology Education: \_\_\_\_\_  
*Name of School Total Hours Graduation Date*

Modalities you use in your office: Thermolysis \_\_\_\_\_ Galvanic: \_\_\_\_\_ Blend \_\_\_\_\_

Do you hold a current Electrologist and/or Electrology Instructor License in another state? \_\_\_\_\_ State \_\_\_\_\_

Do you have a current Maryland License in any other profession? \_\_\_\_\_ Profession \_\_\_\_\_

Highest level of academic education completed: High School \_\_\_\_\_ College/University \_\_\_\_\_ Years \_\_\_\_\_

Please list reason(s) for joining MAPE/AEA: \_\_\_\_\_

Would you like to become an active MAPE member by volunteering your services? Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe Later \_\_\_\_\_

**Upon acceptance of membership, I will abide by the Bylaws and Code of Ethics of the Maryland Association of Professional Electrologists, Inc., and attest by my signature that all of the above information is true and accurate.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*