



**FAB**  
FLORIDA ASSOCIATION OF  
BEAUTY PROFESSIONALS

# Allied Member APPLICATION

## COMPANY INFORMATION

**Company Name**

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Contact Name

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Mailing Address

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City

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State Zip

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Bus. Phone (      )

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Fax (      )

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E-mail

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Website

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DEDUCTIBILITY: FAB Membership dues are not tax deductible as charitable contributions for income tax purposes, but may be deductible as an ordinary and necessary business expense. If you join FAB, 50% of your dues is not deductible as business expense as a result of FAB lobbying activity.

PERMISSION STATEMENT: By providing your fax number and email address, you are agreeing to receive timely information as well as fax advertisements from FAB, including but not limited to: newsletters, blast fax announcements, fundraising information, trade show materials and special membership deals and discounts.

<b>FAB USE ONLY</b> (INTRODUCTORY MEMBER)	
Receipt of Application ____/____/____	Membership begin date ____/____/____

### Florida's Cosmetology and Barbering Industry Overview

- **Salons in Florida: 15,500+/-**
- **Barbershops in Florida: 2,700+/-**
- **Estimated number of employees: 150,000**
- **Combined annual sales in Florida: \$2 Billion**
- **Average number of employees of a large salon is 10 with an annual sales revenue of \$300,000**
- **An average size salon occupies 1,500 square feet and employees 5 with an average annual sales of \$150,000**
- **Large majority of salons are independently owned**
- **Product sales are a major source of profit for salons**
- **Product sales rate as high as 50% of a salon's sales revenue**

## PAYMENT INFORMATION

Check Enclosed     Credit Card (See Below)

Billing Address (if other than above)

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**CREDIT CARD**     VISA     MasterCard     AMEX

**WHERE TO FIND CRV CODE?**  
MC, VISA (3 Digit, Back of Card)  
AMEX (4 Digit, Front of Card)

**CRV#**

Credit Card #

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Name on Card: Exp. Date:    /    /

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Applicant's signature

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<b>ALLIED MEMBERSHIP</b>	
<input type="checkbox"/>	<b>\$500</b>

**TOTAL ENCLOSED \$** \_\_\_\_\_