



New York State Association  
Salon & Spa Professionals

**NYSASSP advances the industry through a community of advocacy,  
knowledge, sharing and education**

**ADVOCATE      EDUCATE      ELEVATE**

**Membership Categories**  
Select your category

\_\_\_\_\_ **Individual Member: \$85 – Licensed professional – Barber, Cosmetologist, Esthetician, Aesthetician, Nail Technician, Massage Therapist, Membership stays with the individual.**

\_\_\_\_\_ **Corporate Member: Dues are dependent on the number of license holders in your business \_\_\_3-5 Licensees \$250\_\_\_6-10 Licensees \$500\_\_\_Over 10 Licensees \$850 Your staff will enjoy all member benefits while employed with your business (use spaces provided at the end to list individual staff names, license #'s and emails). Pricing is Per Location.**

\_\_\_\_\_ **Associate Member: \$500 – Industry Service Providers, Academies/Schools, Product Manufacturers & Distributors and all other non-practitioners within the industry.**

\_\_\_\_\_ **Graduating Students: Take 20% off Individual Member Dues – Those attending academies or schools who are pursuing a license in one of the Individual License categories above. Offer available up to 3 months after graduation**

**Name:** \_\_\_\_\_ **License type & number:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Website address:** \_\_\_\_\_ **Instagram:** \_\_\_\_\_

**Facebook:** \_\_\_\_\_ **Twitter:** \_\_\_\_\_



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Salon & Spa Professionals

How did you hear about NYSASSP?  Social Media  Email  Online  News  Other

What is your main purpose for joining?  Advocacy  Industry Knowledge  Education  
 Networking  Career Advancement  Other: \_\_\_\_\_

The undersigned agrees that by becoming a member of the NYS Association of Salon & Spa Professionals, he/she is consenting to the receipt of email and/or text messages from NYSASSP at the contact email address or mobile number listed above. The undersigned also authorizes NYSASSP to use photographs of him/her with or without express written consent for any lawful purpose including marketing & promotion (print, social media and web content). This application is signed below by the member or duly authorized member of the business.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Amount Enclosed: \$ \_\_\_\_\_

Payment Options:  Check  Credit Card – Circle card type: Visa, MC, DC

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

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

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

For security purposes, please do not email credit card information. Complete this form and mail to NYSASSP or save as a pdf file and email as an attachment to NYSASSP. Dues are not deductible as a charitable contribution but may be deductible as an ordinary business expense.

Membership application and payment should be submitted to:  
NYS Association of Salon & Spa Professionals



New York State Association

Salon & Spa Professionals

11 N. Pearl St., Suite 1710, Albany, NY 12207

or Scan and Email to: [todd@nysassp.org](mailto:todd@nysassp.org)

**For Corporate Members, list your staff information here...**

**Name** \_\_\_\_\_ **License type & #** \_\_\_\_\_

**Email** \_\_\_\_\_ **Mobile #** \_\_\_\_\_

**Name** \_\_\_\_\_ **License type & #** \_\_\_\_\_

**Email** \_\_\_\_\_ **Mobile #** \_\_\_\_\_

**Name** \_\_\_\_\_ **License type & #** \_\_\_\_\_

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**Name** \_\_\_\_\_ **License type & #** \_\_\_\_\_

**Email** \_\_\_\_\_ **Mobile #** \_\_\_\_\_