

**South Carolina Association of Cosmetology Schools, Inc.  
Membership Application**

School Name \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

School Telephone \_\_\_\_\_ Fax \_\_\_\_\_

School Website \_\_\_\_\_

Person Completing This Application \_\_\_\_\_

Manager/Director Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Is this school owned by a parent corporation? \_\_\_\_\_ If yes, please give name, home office address and telephone number, as well as a contact person:

\_\_\_\_\_  
\_\_\_\_\_

Is this a new school? \_\_\_\_\_ How long has the school been in operation? \_\_\_\_\_

If the current owner purchased an on-going school, date of purchase: \_\_\_\_\_

Name of school under pervious ownership: \_\_\_\_\_

Does the owner work in the school on a day-to-day basis? \_\_\_\_\_

If no, who will be the manager of daily operations? \_\_\_\_\_

Is the owner a licensed Instructor of Cosmetology, Nail Technology or Esthetics? \_\_\_\_\_

Is the manager/Director a licensed Instructor of Cosmetology, Nail Technology or Esthetics? \_\_\_\_\_

Does the school owner have other Schools? \_\_\_\_\_ If yes, please attach a listing of their names and addresses.

Salons? \_\_\_\_\_ If yes, please attach a listing of their names and addresses.

According to our by-laws, "Any private school licensed by the South Carolina State Board of Cosmetology, operating in South Carolina at one or more locations, shall be eligible for Membership and shall be entitled to designate two (2) Executive Member representatives." The designated representatives must be either Owners, General partners or managing employees of a sole proprietorship or general partnership, or Officers, Directors or managing employees for a corporation. Multiple schools under ownership of one person or corporation shall designate only two executive member representatives, regardless of the number of schools. (Schools may elect to have only one (1) member representative.)

Who will be the Member Representative(s) for this school?

1) \_\_\_\_\_

2) \_\_\_\_\_

Note: School member representatives are expected to attend regularly scheduled SCACS meetings, vote on business matters requiring attention, and actively participate in the different committee work and annual activities sponsored by the association.

Do you wish other school locations considered for membership in SCACS as well? \_\_\_\_\_  
If yes, please attach a listing of their names and addresses.

Are you interested in having your students to participate in our competitions? \_\_\_\_\_

Are you interested in your school offering Continuing Education Classes in the future? \_\_\_\_\_

Note: New members are not automatically eligible to offer CEU classes. Active membership is required for a certain period of time, and there is still an approval process that must take place. This is for the protection of the association as the actions of one school affect all other members.

Upon receipt of this application, the designated member representatives will be invited to attend the next scheduled SCACS meeting. This will provide an opportunity for you to meet the current SCACS members, learn more about how our organization works, and ask any questions that you may have, as well as answer questions our members may have for you.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

To be submitted to:

Gloria Lee Smith, SCACS Recording/Financial Secretary  
201 Corley Woods Drive, Lexington, SC 29072  
Telephone: 803-957-0982  
[GSmith1288@aol.com](mailto:GSmith1288@aol.com)

Should your application for membership be accepted, you/your school would be required to pay the new member fee of \$200.00. Annual dues, after that point, are normally \$200.00 each January 31st, unless otherwise voted by the SCACS members.