



....For Professional Image Consultants

MEMBERSHIP APPLICATION FORM

Name: _____ **Surname:** _____

Age: _____ **ID Number:** _____

Telephone Number: _____ **Mobile Number:** _____

Email Address: _____ **Website Address:** _____

First Language: _____ **Other Languages:** _____

Company Name: _____

Areas of Expertise: _____

Physical Address: _____

Postal Address: _____

Highest Qualification: _____

Other Qualifications: _____

**Image Industry
Related Qualifications:** _____

Other Professional Associations which you belong to:

SPECIALITIES

(FROM THE 9 BROAD CATEGORIES BELOW – SELECT A MAXIMUM OF 5 SPECIALITIES)

COSMETICS	<input type="checkbox"/> COSMETICS/SKINCARE/PRODUCT/SALES	<input type="checkbox"/> MAKE UP ARTIST	
PUBLISHING	<input type="checkbox"/> AUTHOR	<input type="checkbox"/> PUBLISHER	
RETAIL	<input type="checkbox"/> BOUTIQUE OWNER	<input type="checkbox"/> SPA/SALON OWNER	
COLOUR ANALYSIS	<input type="checkbox"/> COLOUR MATERIALS/ MANUFACTURER/SUPPLIER	<input type="checkbox"/> CONSULTANT	<input type="checkbox"/> TRAINER
SALON SERVICES	<input type="checkbox"/> COSMETOLOGIST/HAIR STYLIST	<input type="checkbox"/> ESTHETICIAN	<input type="checkbox"/> MESSAGE THERAPIST
DESIGN DEVELOPMENT	<input type="checkbox"/> ACCESSORIES	<input type="checkbox"/> CLOTHING	<input type="checkbox"/> GRAPHICS
	<input type="checkbox"/> PRODUCT DEVELOPER		
PRESENTER	<input type="checkbox"/> EDUCATOR	<input type="checkbox"/> FASHION SHOWS	<input type="checkbox"/> KEYNOTE/MOTIVATIONAL SPEAKING
	<input type="checkbox"/> RETAIL PROMOTIONS	<input type="checkbox"/> SPOKESPERSON	
WARDROBE	<input type="checkbox"/> BODY/STYLE ANALYSIS	<input type="checkbox"/> CLOSET AUDITS/ORGANISATION	<input type="checkbox"/> MEN'S CONSULTATION
	<input type="checkbox"/> PERSONAL SHOPPING	<input type="checkbox"/> SALES CLOTHING/ACCESSORIES	<input type="checkbox"/> STYLE CONSULTANT
	<input type="checkbox"/> TAILORING EXPERT	<input type="checkbox"/> UNIFORM DEVELOPERS	<input type="checkbox"/> WARDROBE PLANNING/MANAGEMENT
COACHING/TRAINING	<input type="checkbox"/> BRANDING	<input type="checkbox"/> CAREER	<input type="checkbox"/> COMMUNICATION
	<input type="checkbox"/> HOLISTIC	<input type="checkbox"/> LEADERSHIP	<input type="checkbox"/> LIFE
	<input type="checkbox"/> MEDIA	<input type="checkbox"/> NUTRITION	<input type="checkbox"/> PERSONAL TRAINING/FITNESS
	<input type="checkbox"/> PROTOCOL/ETIQUETTE	<input type="checkbox"/> SPEECH/VOICE	<input type="checkbox"/> WELLNESS

DECLARATION

I wish to apply for membership of the Association for Professional Image Consultants South Africa & Africa and I pledge to abide by the Associations Code of Professional Practice and Code of Ethics.

Signed:

Dated:

MEMBERSHIP OPTIONS

Membership fee is **R 650, 00** per annum. This fee includes:

- The annual administration fee
- Listing on the APICSA website
- Use of APICSA logo on business Stationary
- A membership certificate
- A quarterly newsletter
- Provincial Networking Events
- Notification & Invite to annual conference.

Please tick your preferred **Membership Category**:

	Associate Member	Entrepreneur/ Corporate employee in the image consulting field Annual Fee: R650
	Affiliate Member / Preferred Supplier	An individual working in an affiliated business (i.e. photographer, business consultant, dietician, personal trainer) Annual Fee: R650
	Student	Must be enrolled with an accredited training, coaching or educational institution in preparation for an image, etiquette or fashion related career. Annual Fee R550 *Proof of registration and enrollment is required and the student status may not exceed two years

APPLICATION FORM SUBMISSION

Please send this **Application Form** together with the following documents back to us.

1. Your Professional Profile
2. Your curriculum vitae
3. A professional close-up photo of yourself – please compress photo to document or email size before sending to us
4. Certified Copy of ID

***Please note all photos are subject to approval before they are uploaded onto the APICSA website.**

Please send this form back to us, together with your proof of payment to **info@apicsa.co.za**. You may also email should you require further information.

Our banking details are as follows:

Bank: Capitec
Account Name: APICSA
Account Number: 1268790778
Branch Code: 47 00 10
Reference: **APICSA - Your Name** and **Surname**

FOR OFFICE USE ONLY

- CV / copy of ID Close-up photo Professional profile
- Proof of payment