



BE A PART OF IT ALL.



intercoiffure  
AMERICA • CANADA

## DESCRIPTION OF MEMBERSHIPS & PARTNERSHIPS

*Intercoiffure America Canada provides a variety of different membership types to cater to the wide variety of businesses and individuals in the beauty and fashion industry.*

### CLASS “A” MEMBERSHIP CRITERIA:

- Must own at least 50% of a salon or barber shop.
- Must be a licensed cosmetologist or barber.
- Must own a commission based or salary based salon or barber shop.
- Must be sponsored by a member of ICA in your state or (2) ICA members if out of your state.
- No booth rental salons or barber shops, chair rental suites, rental salons/barber shops, other types of non-employee or rent based businesses and any individual utilizing an independent contractor in their salon or barber shop are not eligible to be a Class “A” Member. 1099 or W-9 employers are not eligible.

### CLASS “A” PARTNER CRITERIA:

- Own a salon or barber shop, OR have a financial interest in a salon or barber shop owned by a Class “A” member.
- Does not require a cosmetology or barber license.
- Individuals that qualify for Class “A” membership cannot elect to be a Class “A” Partner instead.
- No booth rental salons or barber shops, chair rental suites, rental salons/barber shops, other types of non-employee or rent based businesses and any individual utilizing an independent contractor in their salon or barber shop are not eligible to be a Class “A” Partner. 1099 or W-9 employers are not eligible.

### MANUFACTURER PARTNERSHIP CRITERIA:

- Reserved for manufacturers of premium professional beauty products and related industries. This partnership gives you access to the elite salon owners who comprise ICA’s primary membership. Manufacturer partners are invited to showcase their brands and network with Class “A” Members at ICA events.

### SCHOOL PARTNER CRITERIA:

- A licensed or accredited beauty or barber school, academies, and education centers that result in a cosmetology or barber license issued to attendees
- May not own or have a financial interest in a salon or barber shop owned by a Class “A” member
- The School Partner, not any individual, is the admitted participant and shall be identified by School name.

### SPECIALTY PARTNERSHIP CRITERIA:

- Individuals and businesses who do not meet the requirements for any other partner categories.
- Includes, but is not limited to: platform artists, celebrity artists, makeup artists, freelance specialty talent, professionals, photographers, any professional in the beauty, fashion or media industry, academies, and employees of Class “A” Members.

*Please refer to the Intercoiffure America Canada Membership & Partnership FAQs with any question or issues.*

**For additional inquiries not answered in the FAQs, please contact the Intercoiffure America Canada President's Office:**

e: [info@intercoiffure.com](mailto:info@intercoiffure.com)

c: (901) 484-7708

## CLASS "A" MEMBER APPLICATION – *(Please print)*

**(One Class "A" Member sponsor is required if the sponsor is from the applicant's state. Two Class "A" Member sponsors are required if the sponsors are out-of-state)**

Name .....

Salon/Barbershop Name .....

Salon/Barbershop Address .....

City ..... State/Prov ..... Zip .....

Country      Canada      United States

Business Phone ..... Business Email .....

Business Website .....

Personal Email ..... Personal Cell .....

Assistant Email ..... Assistant Cell .....

Instagram (business) ..... Instagram (personal) .....

Facebook (business) ..... Facebook (personal) .....

Do you have booth rentals or 1099 employees?      Yes *(If yes, please fill out Specialty Partner Application instead)*      No

Number of years as a salon/barbershop owner? .....

Are you a licensed cosmetologist or barber?      Yes      No *(If no, please fill out Class "A" Partner Application instead)*

How many locations do you have? .....

Do you own 100% of your salon or barbershop?      Yes      No

Salon/Barbershop is a      Corporation      Partnership      Unincorporated Sole Proprietorship

If your business is a partnership, what percent do you own? .....

Number of licensed cosmetologists/barbers employed? .....

Number of support staff (other employees)? .....

Please list all affiliated organizations .....

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Please list all awards/recognitions .....

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Product lines (haircare) .....

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Product lines used (haircolor) .....

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Charity/Community Involvement .....

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Anything unique you'd like to share about yourself with our committee? .....

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**INFORMATION TO BE FILLED OUT BY SPONSOR/S.**

I, being a Class "A" Member in good standing, propose this person for membership in ICA.

Sponsor Name .....

City ..... State/Prov .....

Cell ..... Email .....

Signature ..... Date .....

Sponsor Name .....

City ..... State/Prov .....

Cell ..... Email .....

Signature ..... Date .....

**APPLICATION FEES.**

\$1,680(1 year membership) + \$650 (1 time) application fee

**\$2,330 due upon approval of application. All fees are non-refundable.**

*Qualifications:* Salon/Barbershop owner, licensed cosmetologist/barber, no booth rentals

**INFORMATION TO BE FILLED OUT BY APPLICANT.**

I have read and fully understand the terms of this application.

Applicant's Name .....

Signature ..... Date .....

*Application expires one (1) year from the date received. A headshot must be submitted as a JPG, PNG, TIF, or EPS file only at the time of application. Your application is not valid until the headshot has been received.*

**EMAIL APPLICATION TO:**  
**The President's Office:**  
**e: applications@intercoiffure.com**

<b>FOR OFFICE USE ONLY.</b> Application received: ..... Interview Appointment: .....
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## CLASS “A” PARTNER APPLICATION – *(Please print)*

**(One Class “A” Member sponsor is required if the sponsor is from the applicant’s state. Two Class “A” Member sponsors are required if the sponsors are out-of-state)**

Name .....

Salon/Barbershop Name .....

Salon/Barbershop Address .....

City ..... State/Prov ..... Zip .....

Country       Canada       United States

Business Phone ..... Business Email .....

Business Website .....

Personal Email ..... Personal Cell .....

Assistant Email ..... Assistant Cell .....

Instagram (business) ..... Instagram (personal) .....

Facebook (business) ..... Facebook (personal) .....

Do you have booth rentals or 1099 employees?       Yes *(If yes, please fill out Specialty Partner Application instead)*       No

Number of years as a salon/barbershop owner? .....

Are you a licensed cosmetologist or barber?  Yes *(If yes, please fill out Class “A” Member Application instead)*       No

How many locations do you have? .....

Do you own 100% of your salon or barbershop?       Yes       No

Salon/Barbershop is a       Corporation       Partnership       Unincorporated Sole Proprietorship

If your business is a partnership, what percent do you own? .....

Number of licensed cosmetologists/barbers employed? .....

Number of support staff (other employees)? .....



Please list all affiliated organizations .....

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Please list all awards/recognitions .....

.....

.....

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Product lines (haircare) .....

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Product lines used (haircolor) .....

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Charity/Community Involvement .....

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Anything unique you'd like to share about yourself with our committee? .....

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**INFORMATION TO BE FILLED OUT BY SPONSOR/S.**

I, being a Class "A" Member in good standing, propose this person for membership in ICA.

Sponsor Name .....

City ..... State/Prov .....

Cell ..... Email .....

Signature ..... Date .....

Sponsor Name .....

City ..... State/Prov .....

Cell ..... Email .....

Signature ..... Date .....

**APPLICATION FEES.**

**\$1,680** (1 year membership) + **\$650** (1 time) application fee

**2,330 due upon approval of application. All fees are non-refundable.**

*Qualifications:* Salon/Barbershop owner, no license required, no booth rentals

**INFORMATION TO BE FILLED OUT BY APPLICANT.**

I have read and fully understand the terms of this application.

Applicant's Name .....

Signature ..... Date .....

*Application expires one (1) year from the date received. A headshot must be submitted as a JPG, PNG, TIF, or EPS file only at the time of application. Your application is not valid until the headshot has been received.*

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**e: applications@intercoiffure.com**

**FOR OFFICE USE ONLY.**  
Application received: .....  
Interview Appointment: .....

# MANUFACTURER PARTNER APPLICATION

*(Please print)*

Company Name .....

Primary Contact .....

Email *(for ICA correspondence)* .....

Corporate Address .....

City ..... State/Prov ..... Zip .....

Country       Canada       United States

Business Phone ..... Ext. .... Business Fax .....

Website .....

*Please list any other contacts to be included in ICA correspondences:*

Name	Email	Position
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Why do you want to partner with ICA? .....

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List professional beauty brands: .....

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ICA Member discount: .....

**APPLICATION FEES.**

**\$4,400** (2 year partner commitment required at \$2,200 per year)  
+ **\$650** (1 time) application fee .....

**\$5,050 due upon approval of application. All fees are non-refundable.**

*Qualifications:* Manufacturer of professional beauty products and products for related industries

I have read and fully understand the terms of this application.

Applicant's Name .....

Applicant's Signature .....

Date .....

*Application expires one (1) year from the date received. Manufacturer logo MUST be submitted as an EPS, AI, or PDF file only at the time of application. Your application is not complete until the logo has been received.*

**EMAIL APPLICATION TO:**  
**The President's Office:**  
**e: applications@intercoiffure.com**

**FOR OFFICE USE ONLY.**  
Application received: .....  
Interview Appointment: .....

## SCHOOL PARTNER APPLICATION

*(Please print)*

Name .....

School Name .....

Address .....

City ..... State/Prov ..... Zip .....

Country      Canada      United States

School Phone ..... School Email .....

Website .....

Personal Email ..... Personal Cell .....

Assistant Email ..... Assistant Cell .....

Number of years school has been in business? .....

How many schools in operation? .....

Who is the primary proprietor of your school? .....

Proprietor's Email .....

Is your school for      Cosmetologists      Barbers      Both

Number of students currently enrolled .....

**SCHOOL PARTNERS MUST BE SPONSORED BY AN ACTIVE CLASS "A" MEMBER FROM YOUR CITY OR STATE.**

Class "A" Sponsor Name .....

Class "A" Sponsor Salon/Barbershop .....

City ..... State/Prov .....

Phone ..... Date .....

Signature .....

## APPLICATION FEES.

\$1,680 annual dues) + \$650(1 time) application fee

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**\$2,330 due upon approval of application. All fees are non-refundable.**

*Qualifications:* Licensed or accredited beauty or barber school; may not own or have a financial interest in a salon/barber shop owned by a Class "A" Member. School must have a good reputation in the area.

I have read and fully understand the terms of this application.

Applicant's Name .....

Applicant's Signature .....

Date .....

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**The President's Office:**

**e: [applications@intercoiffure.com](mailto:applications@intercoiffure.com)**

### FOR OFFICE USE ONLY.

Application received: .....

Interview Appointment: .....

## SPECIALTY PARTNER APPLICATION

*(Please print)*

Name .....

Address .....

City ..... State/Prov ..... Zip .....

Country      Canada      United States

School Phone ..... School Email .....

Website .....

Personal Email ..... Personal Cell .....

Assistant Email ..... Assistant Cell .....

Are you a licensed cosmetologist or barber?    Yes      No

What best describes your profession?      Platform Artist      Celebrity Stylist      Photographer

Make Up Artist      Academy/School      Freelance Specialty Talent

Class "A" Member Employee      Other

### **SPECIALTY PARTNERS MUST BE SPONSORED BY AN ACTIVE CLASS "A" MEMBER FROM YOUR CITY OR STATE.**

Class "A" Sponsor Name .....

Class "A" Sponsor Salon/Barbershop .....

City ..... State/Prov .....

Phone ..... Date .....

Signature .....

## APPLICATION FEES.

\$1,680 annual dues) + \$650(1 time) application fee

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**\$2,330 due upon approval of application. All fees are non-refundable.**

*Qualifications:* Individuals/businesses who do not meet the requirements of other partner memberships.  
Must show industry involvement specific to specialty.

I have read and fully understand the terms of this application.

Applicant's Name .....

Applicant's Signature .....

Date .....

*Application expires one (1) year from the date received. A headshot must be submitted as a JPG, PNG, TIF, or EPS file only at the time of application. Your application is not valid until the headshot has been received.*

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Application received: .....

Interview Appointment: .....