| Kansas association of Professional Electrologists | | | |
| --- | --- | --- | --- |
| KAPE Membership Application | | | |
| Name: | | | |
| Kansas Electrologist License #: | Mobile Tel: | | Home Tel: |
| Mailing address: | | | |
| City: | | State: | ZIP Code: |
| Email address: | | | |
| Member Listing for KAPE Website | | | |
| Name: | | | |
| Business Name: | | | |
| Business address: | | | |
| City | | State: | ZIP Code: |
| Tel: | | Website: | |
| Email address: | | | |
| **MEMBERSHIP DUES** | | | |
| The membership year runs from January 1st to December 31st. Annual dues are $40. Make check payable **to Kansas Association of Professional Electrologists**and mail to:  Sandra Schallenberg, President  14200 Rosehill St,  Overland Park, KS 66221 | | | |
| Signature | | | |
| I have read and agree to abide by the KAPE Code of Ethics. I understand that my certificate of membership is the property of the Kansas Association of Professional Electrologists and must be returned to the Association if my membership dues are not renewed. I understand that membership in the KAPE is open to Kansas licensed electrologists who practice permanent hair removal utilizing needle type devices, and that the privileges of membership may be revoked for noncompliance. | | | |
| Signature of applicant: | | | Date: |