

**LINK UP WITH US!**



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(913) 999-6811

DATE: \_\_\_\_\_

STATE DUES: \$25

<b>Local Name:</b> _____	<b>Independent:</b> _____
--------------------------	---------------------------

Name: \_\_\_\_\_  
**[PLEASE PRINT]**

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Telephone:  
Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

**[PLEASE INDICATE YOUR PROFESSION]**

- COSMETOLOGIST    BARBER/STYLIST    NAIL TECHNICIAN    ESTHETICIAN
- SALON OWNER    INSTRUCTOR    STUDENT    MANUFACTURER
- OTHER \_\_\_\_\_

NEW MEMBER

REACTIVATED MEMBER

APPLICANT SIGNATURE: \_\_\_\_\_

RECRUITER: \_\_\_\_\_

MAIL TO:

AHCM  
c/o Florence Higgins  
2924 N 26<sup>th</sup> St.  
Kansas City, KS 66104