

For Office Use Only:

Receipt Date: _____

Receipt No: _____

**National Hair, Beauty and Nails Federation
Membership Application / Renewal Form**

CONTACT AND MEMBERSHIP DIRECTORY INFORMATION:

First name _____ Last name _____ Qualification _____

Mailing address _____

Town/Post Code _____

Phone _____ Phone 2 _____ Mobile _____

Email _____ Web _____

Mark your profession

Hairdresser Nails Technician Beauty Therapist
Hairdressing training provider Nails Technician training provider Beauty training provider
Importer Hair Products Nails Products Beauty Products
Complementary Therapist Complementary Therapist Trainer Complementary Th. Student
Student Hairdresser Student Nail Technician Student Beauty Therapist

Name & Address of Company: (if the same as above do not fill)

Are you a member of any other organisation within the field (Maltese or International)? Give the name and what level of membership do you have?

FEES

Individual Full Membership: Lm15 = 1 Year Lm30 = 2 Years Lm45 = 3 Years
Student Membership: Lm5 = 1 Year Lm10 = 2 Year

PAYMENT

Amount from above: _____
Cash Cheque Bank _____ No _____
(cheques are to be addressed to National Hair, Beauty and Nail Federation)

Signature _____

(In case of students only)

Name of Institution _____ Name of School Official _____

Stamp of School 

Please mail your completed application with payment to:
National Hair, Beauty and Nails Federation, P.O. Box 300, Valletta – Malta

All data will be processed according to the Data Protection Cap 440. It will only be used for administration purposes of the Federation.

Administration:

P.O. Box 300, Valletta, Malta

Email: NHBNFederation@yahoo.co.uk

Contact Person: Jesmond Friggieri

Tel: 21422954 Fax: 21422954 Mob: 79603358