



International Association
of Trichologists

Professional Membership Application

Please fill in the below details and email this completed form with a copy of your certificate to chelcey@iattrichology.com

Name:

Email address:

Address:

City, Postcode, Country:

Where did you study to become a Trichologist?

When did you complete your certification?

Which membership are you applying for?

Practicing Member USD \$250/year

Non-Practicing Member USD \$150/year

Please attach a copy of your certificate (a photo of your certificate is fine) with this application and send to chelcey@iattrichology.com.