Application for membership

Professional Nail Technicians Association Inc.

ABN: 87 862 289 523

(incorporated under the Associations Incorporation Act 2009)

I,					
[full name of applicant]					
of					
[address]					
[occupation]					
Email:					
Phone (B)		Ma	obile		
hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the Constitution, Code of Ethics, Code of Conduct and Code of Practice of the association for the time being in force.					
Please indicate below:					
Individual	\$50.00				
Manicurist	\$40.00			Gel Or Acrylic only	\$40.00
Gel & Acrylic	\$40.00			Student	\$20.00
Trainer/Educator	\$80.00			RTO	POA
Total amount payable: \$					
Signature of applicant			Date		
Member No:					

I hereby give my authority to having the above details placed on the Professional Nail Technicians Association website.

Membership runs from 01 July to 30 June each year.

You will be emailed a tax invoice for payment which will be due in 7 days from date of invoice.

Please email your signed application to: secretary@pnta.com.au