

# 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) ..... Mobile .....

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:

X	Joining fee	\$50.00	...	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: \$.....N/A.....

.....

Signature of applicant

Date

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.

I, ...Mindy Richards.....

[full name]

a member of the association, nominate the applicant for membership of the association.

....MJRichards.....

Signature of proposer

Date ...../...../2020

I, .....

[full name]

a member of the association, second the nomination of the applicant for membership of the association.

.....

Signature of seconder

Date .....

NOTE:

Please include a copy of the following:

Individual - Certificate II or III Nail Technology

- Certificates of Attendance for Natural Nail Care, Gel OR Acrylic

Students - Enrolment form from RTO

Trainer - Certificate IV Training and Assessment - TAE40110

Educator - Brand certification/s

RTO - scope of qualifications along with training and delivery methods

**Your membership will be reviewed by the committee prior to acceptance to the Association.**

Please forward your signed application, along with all relevant certificates to:

**PNTA Secretary: [secretary@pnta.com.au](mailto:secretary@pnta.com.au)**