



Australian Professional Fingernail Association
PO Box 673
Kellyville, NSW 2155
Ph: 0448 546 004 Fax: 02 9836 4152

ABN 53 136 487 179
www.apfanails.com.au

Application for APFA Associate Membership/Renewal

Please print clearly

Name: **Membership No:**

Business Name:

Mailing Address: **State:** **Postcode:**

Street Address: **State:** **Postcode:**

Phone: () **Business Hours**
 () **After Hours**
 **Mobile**

Email: **Website:**

Please note: *Membership applies only to distributors or those who have an affiliation with the nail industry. The APFA will not replace any certificate due to illegible writing. The APFA membership runs from 1st July to 30th June each year. (Membership must be paid by 15th July each year to remain current, regardless of month of joining.) Memberships are non-refundable. A fee of \$5.50 each is charged to replace badges and certificates if lost or damaged. The APFA will not be responsible for any damage caused by postage. A fee of \$25.00 will be charged for dishonoured cheques.*

I hereby request to join the Australian Professional Fingernail Association as an Associate Member, and agree to abide by the Code of Ethics and the provisions of the Constitution (which is available on request)

Signature: **Date:**

Please enclose a copy of your certificate of business name with your application.

Please find enclosed my payment of: **Joining fee \$200.00 Renewal \$100.00**
(delete which ever does not apply)

Cheque/Money Order **PayPal** **Direct Deposit**
 Commonwealth Bank – BSB 064131
 Acc No: 1009 4007

Office use only:
 Receipt No: Date Received:

Membership Approved: Committee:

Information pack sent: Computer updated: