



# Australian Professional Fingernail Association

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Kellyville, NSW 2155

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ABN 53 136 487 179

www.apfanails.com.au

## Application for APFA 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 individuals NOT salons or companies. The APFA will not replace any certificate due to illegible writing.**

**The APFA membership runs from 1<sup>st</sup> July to 30<sup>th</sup> June each year. (Membership must be paid by 15<sup>th</sup> August 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. Accredited Nail Technicians must remain current with membership otherwise certificates must be returned.**

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 proof of training with your application. (new members only)

Please find enclosed my payment of:      **Joining fee \$130.00    Renewal \$85.00**  
**(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: .....