



Australian Professional Fingernail Association

P.O. 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 Student Membership

Please print clearly

School where enrolled:

Name:

Student's Mailing Address:

..... **State:** **Postcode:**

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

Email:

Please note: Membership applies only to individuals NOT salons or companies. The APFA will not replace any certificates due to illegible writing.
The APFA membership runs from 1st July to 30th June each year. (Membership must be paid by 15th August each year to remain current, regardless of month of joining.) Memberships are non-refundable. A fee of \$5.50 is charged to replace 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 a Student Member, and agree to abide by the Code of Ethics and the provisions of the Constitution (which is available on request)

Student's Signature:

Principal's Signature: **Date:**

Please enclose a copy of your proof of training with your application.

Please find enclosed my payment of: **Joining fee \$0.00 Student \$35.00**

Cheque/Money Order

PayPal

Direct Deposit

Commonwealth Bank – BSB 064 131
Acc No. 1009 4007

Office use only:

Receipt No: Date Received:

Membership Approved: Committee:

Information pack sent: Computer updated: