



**APAA – AUSTRALASIAN COSMETIC TATTOO
PROFESSIONALS™**

MEMBERSHIP APPLICATION FORM

HOW TO JOIN

Please complete the attached MEMBERSHIP APPLICATION FORM together with copies of your qualifications and payment for processing.

Surname: _____ First Name: _____

Address: _____

_____ Postcode: _____

Phone Number (Home): _____ Mobile: _____

Business Name: _____

Address: _____

Postcode: _____ Phone Number : _____

Fax: _____ Email: _____

Name of
Trainer: _____

Date of Basic Training (Include copy of Certificate) / /

Have you completed any Advanced Training Yes () No ()

If yes, when _____

Name of
Trainer _____

Approximately how many of the following treatments have you performed?

() Eyebrows () Top Eyeliner

Bottom Eyeliner () Lipline () Beauty Spots ()

What Type of Cosmetic Tattoo Machine do you use? _____

How many working machines do you use? _____

What needle configurations do you use? _____

Do you use single needles? Yes () No () How many parts of your machine are disposable? _____

How do you sterilize your equipment? _____

Do you own an autoclave? Yes () No ()

What brand of pigments do you use? _____

Are you teaching Cosmetic Tattoo Yes () No () If yes where? _____

Have you sat for any of the APAA's Advanced Aesthetic Practises Exams in Cosmetic Tattoo? If yes, please state the date and include a copy of your Certificate with your other documentation. No () Yes () Date _____

Are you insured for Malpractice? Yes () No () For what amount? \$_____

Name of Insurance Company _____

Have you been immunised against Hepatitis? Yes () No () If yes when? _____

PLEASE SUPPLY COPIES OF THE FOLLOWING TOGETHER WITH YOUR APPLICATION FORM AND RETURN IT WITH YOUR PAYMENT TO THE APAA:

1. Client History Form
2. Insurance (Professional Indemnity)
3. Client Consent Form*
3. After Care Form*
4. Record Card/Chart or Treatment Card/Chart
5. Skin Penetration Licence
6. APAA Advanced Aesthetic Practices – Cosmetic Tattoo (if you hold this Certificate)

*** Client Consent Forms and After Care consent forms may be purchased from the APAA for \$35**

Cost:

If you are already a current financial member of the APAA you can join as an ACTP MEMBER for an additional fee of just \$55.

If you are not a member of the APAA your joining fee will be \$295 plus a once only processing fee of \$50, total \$345.

FOR OFFICE USE ONLY

Method of Payment: () Cheque () Credit Card () Master Card () Visa

Card Number: _____

Expiry Date: __/__/__

Name of Card Holder: _____ Amount: _____

Please forward your Application Form to:

APAA
PO Box 96
ROBINA Q 4226

Ph: 1300 226 683 fax: 07 3382 0676

Email: info@apaa.com.au

www.apaa.com.au