



APAA – AUSTRALASIAN NAIL PROFESSIONALS™ MEMBERSHIP APPLICATION FORM

HOW TO JOIN

Please complete the attached MEMBERSHIP APPLICATION FORM together with copies of your qualifications and payment for processing. You will also need to carefully read the APAA HYGIENE AND RISK MANAGEMENT document. If you are willing to abide by it in terms of your standards and procedures you will need to sign this document and return it with your Application Form.

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 further post-graduate training or workshops? Yes () No ()

If yes, when: _____ name of trainer: _____

What training: _____

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

1. Original Certificate of Training
2. Copies of any further training
3. If you are a business a photo-copy of your business registration
4. Any evidence that you abide by the Health Regulations in your State
5. A signed copy of the APAA **HYGIENE AND RISK MANAGEMENT** document.

Fees:

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

If you are not a member of the APAA your joining fee will be \$230 plus a once only processing fee of \$50, total \$280. SPECIAL OFFER: If you join by 30th June we will waver the once-only processing fee of \$50.

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: 07 5575 9364 fax: 07 5575 9723
Email: info@apaa.com.au
www.apaa.com.au