

National Tattoo Association, Inc. / NTA Cruisers Membership Application

FOR AN ARTIST MEMBERSHIP YOU MUST BE RECOMMENDED BY ONE TATTOO ARTIST MEMBER TO JOIN THIS ASSOCIATION
Questions call 407 319 0018

*Current members, renewals are due by deadline of October 1st of that membership year to maintain your *MEMBER NUMBER
We are currently accepting new memberships throughout the fiscal year July 1st -June 30th.

NEW SINGLE MEMBERSHIP / or CURRENT MEMBER # _____

• Single Membership \$60 includes a Membership Certificate & a subscription for the **ONLINE NTA Newsletter Magazine** for the fiscal membership year, July 1st -June 30th

CURRENT MEMBER PLEASE CHECK 1 CHOICE... I WISH TO KEEP MY CURRENT MEMBER ____ / I WISH TO HAVE MY MEMBER NUMBER DESCENDING ORDER ____ (AT THE BEGINNING OF THE NEXT MEMBERSHIP FISCAL YEAR)

RECOMMENDATION BY ONE ARTIST MEMBER TO JOIN THIS ASSOCIATION

Name _____ Phone _____

NAME / Last _____ First _____
ARTIST ____ YRS ____ ENTHUSIAST ____ BIRTH DATE ____/____/____

STUDIO ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ NATION _____

WORK PHONE (____) _____ CELL PHONE (____) _____ EMAIL _____

HOME ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ NATION _____

WE DO NOT GIVE OUT YOUR HOME PHONE NO. OR ADDRESS

GIVEN NAME ON CERTIFICATE yes – no / OR NICKNAME _____

ENTHUSIAST (FAN)/ WHO DID YOUR WORK? _____

MAY WE GIVE OUT YOUR **STUDIO PHONE NO. OR ADDRESS** ON REQUEST? / PHONE: YES ____ NO ____ ADDRESS: YES ____ NO ____

Would you like your website listed on the NTA website? YES ____ NO ____ ***Unchecked membership listing responses will be treated as a yes response. WEBSITE _____

* If ARTIST send: Business card and photos of yourself, shop and the work you've done. ** If ENTHUSIAST; send photos of yourself and the name (s) of the ARTIST (S) who did your work.