

National Tattoo Association, Inc. / NTA Cruisers Membership Application

*Current members, renewals are due by deadline of October 1st of that membership year to maintain your *MEMBER #

We are currently accepting news membership throughout the fiscal year July 1st -June30th.

NEW FAMILY MEMBERSHIPS /or CURRENT MEMBERS #1 ___ #2 ___

- Family Membership \$90 – (consists of 2 adults + children under the age of 18) – each gets own Membership Certificate & a joint subscription for the **ONLINE NTA Newsletter Magazine** for the fiscal membership year, July 1st -June 30th.

CURRENT MEMBERS; 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 #1 / Last _____ First _____

ARTIST ___ YRS ___ ENTHUSIAST ___ BIRTH DATE ___/___/___

NAME #2 / Last _____ First _____

ARTIST ___ YRS ___ ENTHUSIAST ___ BIRTH DATE ___/___/___

(ARTIST) 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 (1) ON CERTIFICATE yes – no / or NICKNAME _____

GIVEN NAME (2) ON CERTIFICATE yes – no / or NICKNAME _____

ENTHUSIAST (FAN) (1) WHO DID YOUR WORK? _____

ENTHUSIAST (FAN) (2) WHO DID YOUR WORK? _____

MAY WE GIVE OUT **STUDIO PHONE # OR ADDRESS** ON REQUEST ? / PHONE: YES ___ NO ___ ADDRESS: YES ___ NO ___

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

** May we post your website listed on the NTA website? YES ___ NO ___ Unchecked listing responses will be treated as a yes.

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.

FAMILY MEMBERSHIP NAMES (Children under the age of 18):

NAME #1 _____ Birthdate _____ Show name in listing?

YES ___ NO ___

NAME #2 _____ Birthdate _____ Show name in listing?

YES ___ NO ___

NAME #3 _____ Birthdate _____ Show name in listing?

YES ___ NO ___

NAME #4 _____ Birthdate _____ Show name in listing?

YES ___ NO ___