



Patsy Farrow  
6 Torrens Street  
Werribee 3030  
Victoria

Email: secretary.ptaa@gmail.com  
Ph. No: (03) 9749 8028 – 0412 826820

## MEMBERSHIP RENEWAL FORM

NAME \_\_\_\_\_  
STUDIO NAME \_\_\_\_\_  
STUDIO ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_  
POSTAL ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_  
STUDIO PHONE NO. \_\_\_\_\_ MOBILE NO. \_\_\_\_\_  
EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_  
NAME FOR CERTIFICATE (*studio name not applicable*) \_\_\_\_\_

Are you a member of any other Australian Tattoo Assoc., Club, Guild, Etc? YES / NO

If so, please name \_\_\_\_\_

Do you have any comments, suggestions, etc. concerning the Association?  
\_\_\_\_\_

### DECLARATION

I hereby declare that I am working as a Professional Tattoo Artist and am eligible for renewal of my membership to the PROFESSIONAL TATTOOING ASSOCIATION OF AUSTRALIA Inc and that all information in this application is true and correct.

MEMBER'S SIGNATURE \_\_\_\_\_ DATE / /

**ANNUAL MEMBERSHIP FEE: \$100.00**

Payable by cheque or Australia Post money order, cash or direct debit.

Please make payable to Professional Tattooing Association of Australia Inc. / P.T.A.A.

### Direct Debit:

**Comm. Bank BSB 06 3622 ACC 10263624**

(Please incl. name for reference) YES NO

Please return completed application form along with your payment to the above address.