



Patsy Farrow
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APPLICATION FOR MEMBERSHIP

NAME _____
STUDIO NAME _____
STUDIO ADDRESS _____ POSTCODE _____
TELEPHONE NO. _____ MOBILE NO. _____
EMAIL _____ WEBSITE _____
POSTAL ADDRESS _____
NAME FOR CERTIFICATE (*No studio name*) _____

HOW MANY YEARS HAVE YOU WORKED AS A PROFESSIONAL TATTOO ARTIST? _____
(A minimum of twelve months is required for membership)

NEW MEMBERS MUST BE RECOMMENDED BY A P.T.A.A. Inc. MEMBER WHO HAS BEEN A
FULL MEMBER FOR OVER TWELVE MONTHS

MEMBER _____ STUDIO _____
HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ SIGNATURE _____

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

APPLICANTS DECLARATION

I hereby apply for membership to the Professional Tattooing Association of Australia Inc. and agree to work within the guidelines of its Constitution and abide by its laws. I declare this statement to be true and correct.

APPLICANT'S SIGNATURE _____ DATE _____

Please return completed form along with four photos of recent tattoos completed by you and a copy of your Studio Registration and Tattoo License (if applicable to your State).