

# National Tattoo Association, Inc.

## Membership Application

Fill out and mail back to us along with the appropriate fees (\$60.00 for single membership or \$75.00 for couple membership or \$90 for a family membership).

- Single Membership \$60 – you get a Membership Certificate & each of the (usually) 5 regular Issues & one Convention Issue Newsletter.
- Couple Membership \$75 – (consists of 2 people) – each gets own Membership Certificate – but you have to share the newsletters as we only send out one of each issue to designated address listed on membership form.
- Family Membership \$90 – (consists of 2 adults & children under the age of 18) – each gets own Membership Certificate – but you have to share the newsletters as we only send out one of each issue to designated address listed on membership form.

If you each wish to receive your own newsletters then you must each pay the \$60 single membership dues. Memberships runs from July 1 - June 30. Make check payable to: NATIONAL TATTOO ASSOCIATION (in US FUNDS only). Mail this form and dues to: 485 BUSINESS PARK LANE - ALLENTOWN, PA. 18109 9120. If you have any questions call : (610) 433 7261.

**YOU MUST BE RECOMMENDED BY ONE ARTIST MEMBER TO JOIN THIS ASSOCIATION**

Recommended by: \_\_\_\_\_ Phone #: \_\_\_\_\_

IF YOU WERE PREVIOUSLY A MEMBER OF THE N.T.A. PLEASE CHECK HERE \_\_\_\_\_

**NAME (1) FOR SINGLE MEMBERSHIP** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

PROFESSIONAL NICKNAME (1) \_\_\_\_\_

NAME YOU WANT ON YOUR CERTIFICATE (1) (No studio name permitted) \_\_\_\_\_

EMAIL \_\_\_\_\_ Show name in membership listing? YES \_\_\_\_\_ NO \_\_\_\_\_

CHECK ONE: ARTIST \_\_\_\_ (YEARS TATTOOING \_\_\_\_\_) / ENTHUSIAST (FAN) \_\_\_\_ (WHO DID YOUR WORK? \_\_\_\_\_)

**HOME ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_ **NATION** \_\_\_\_\_ **ZIPCODE** \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

MAY WE GIVE OUT YOUR HOME PHONE NO. OR ADDRESS? PHONE: YES \_\_\_\_\_ NO \_\_\_\_\_ ADDRESS: YES \_\_\_\_\_ NO \_\_\_\_\_

**STUDIO NAME** \_\_\_\_\_

**STUDIO ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_ **NATION** \_\_\_\_\_ **ZIPCODE** \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

MAY WE GIVE OUT YOUR STUDIO PHONE NO. OR ADDRESS? PHONE: YES \_\_\_\_\_ NO \_\_\_\_\_ ADDRESS: YES \_\_\_\_\_ NO \_\_\_\_\_

**WEBSITE ADDRESS** \_\_\_\_\_

Would you like your website listed on the NTA website? YES \_\_\_\_\_ NO \_\_\_\_\_

Where do you want your newsletters sent? Home \_\_\_\_\_ Studio \_\_\_\_\_

\*\*\*Unchecked membership listing responses will be treated as a yes response.\*\*\*

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.

If you would like to donate to the general NTA fund, the Col. Todd Hardship Fund, or the Uncle Bud Scholarship Fund you can just add the additional amount to your payment and send a note stating where you want the money placed.

\*\*\*Turn over to add couple membership and family membership info.\*\*\*

NAME (2) IF COUPLE MEMBERSHIP \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PROFESSIONAL NICKNAME (2) \_\_\_\_\_

NAME YOU WANT ON YOUR CERTIFICATE (2) (No studio name permitted) \_\_\_\_\_

EMAIL \_\_\_\_\_ Show name in membership listing? YES \_\_\_\_ NO \_\_\_\_

CHECK ONE: ARTIST \_\_\_\_ (YEARS TATTOOING \_\_\_\_\_) / ENTHUSIAST (FAN) \_\_\_\_ (WHO DID YOUR WORK? \_\_\_\_\_)

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

NAME #1 \_\_\_\_\_ NAME ON CERTIFICATE #1 \_\_\_\_\_

Birthdate \_\_\_\_\_ Show name in membership listing? YES \_\_\_\_ NO \_\_\_\_ If Yes Name For Listing \_\_\_\_\_

NAME #2 \_\_\_\_\_ NAME ON CERTIFICATE #2 \_\_\_\_\_

Birthdate \_\_\_\_\_ Show name in membership listing? YES \_\_\_\_ NO \_\_\_\_ If Yes Name For Listing \_\_\_\_\_

NAME #3 \_\_\_\_\_ NAME ON CERTIFICATE #3 \_\_\_\_\_

Birthdate \_\_\_\_\_ Show name in membership listing? YES \_\_\_\_ NO \_\_\_\_ If Yes Name For Listing \_\_\_\_\_

NAME #4 \_\_\_\_\_ NAME ON CERTIFICATE #4 \_\_\_\_\_

Birthdate \_\_\_\_\_ Show name in membership listing? YES \_\_\_\_ NO \_\_\_\_ If Yes Name For Listing \_\_\_\_\_