APAN
AESTHETICS PRACTITIONERS ADVISORY NETWORK PTY LTD
ACN 136 987 169 ABN 25 136 987 169

Ph: 07 5593 0360 Fax: 07 5593 0367
Email: info@apanetwork.com Web: www.apanetwork.com
PO Box 5448 Q Super Centre Qld 4218 Australia

APAN MEMBERSHIP APPLICATION FORM
Please Fax this Sheet to 07 55 930 367 or Post to APAN PO Box 5448, Q Super Centre Qld 4218

I wish to be considered for membership of the Aesthetics Practitioners Advisory Network ("APAN") and agree to abide by APAN's Code of Ethics:

Name:_____ Business Name: _____

Postal Address:_____

Home Address: _____

Work Address: _____

Home Phone:_____ Personal Mobile:_____ Work Phone: _____

Work Mobile: _____ Fax:_____ Personal Email: _____

Work Email:_____ Website: _____ Preferred contact Email is: work / personal

☐ I own my own business ☐ I am an employee Position: _____ What activities do you do: _____

_____

Tick your APAN Membership level: ☐ APAN PLATINUM CORPORATE $639 ☐ APAN GOLD (COSMETIC TATTOO) MEMBERSHIP $465

☐ APAN GOLD GENERAL MEMBERSHIP $465 ☐ APAN GOLD (DEGREE) MEMBERSHIP $465 ☐ APAN PLATINUM CORPORATE MEDICAL $692

☐ I only wish to subscribe to APAN's Quarterly Journal APJ and understand this does not qualify as APAN Membership 4 Issues: $132

Total $ ☐☐☐☐ PLEASE MAKE CHEQUES PAYABLE TO THE Aesthetic Practitioners Advisory Network and send to APAN PO Box 5448, Q Super Centre Q 4218

Please complete this authority to debit your Credit Card

Request for debiting amounts to Credit Cards

I/We request Aesthetics Practioners Advisory Network Pty Ltd to debit payments according to this Contract/Agreement on my specified credit card account described below.

Card Type : ☐ Mastercard ☐ Visa

Cardholder Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date : ☐☐☐☐

This Authority shall stand, in respect of the above specified Card, and in respect of any Card issued to me in renewal or replacement thereof, until I notify Aesthetics Practioners Advisory Network Pty Ltd in writing of its cancellation.

CVC: ☐☐☐

Cardholder's Name :_____ ☐ I do not wish my membership/subscription to be automatically renewed every 12 months

Cardholder's signature :_____ Date : / /

TERM PAYMENT OPTION ☐ I want to pay my APAN Membership using Term Payments. Complete also the following DIRECT DEBIT REQUEST

Contract/Agreement between Aesthetics Practioners Advisory Network Pty Ltd ("APAN") and _____ (Name)

Payment Schedule

($36 for Gold & $55 for Corporate Platinum by 11)

Commencing on...../...../..... with a $99 payment and periodically monthly payments of _____ thereafter on the 16th of each month.

Contract Term	SPECIAL CONDITIONS:
☐ Until Further Notice (Min 12 payments) OR .....No. of Payments	A Yearly payment of $99.00 (incl. GST) to be included in first instalment on commencement of a new 12 months period (deducted from yearly total).

The administration of this Deduction Authority is conducted by Aesthetics Practioners Advisory Network Pty Ltd ("APAN"). I/We hereby authorise Aesthetics Practioners Advisory Network Pty Ltd ("APAN") to make withdrawals from my/our nominated credit account detailed above.

Customer/Member Signature_____ Date:__/__/__ Representative of APAN Signature _____ Date:__/__/__

FOR ALL YOUR QUESTIONS PLEASE CONTACT APAN ON 07 55930 360 OR EMAIL: info@apanetwork.com
Additional Membership Application forms can be down loaded from the APAN website: www.apanetwork.com