





98 – 11th Street, Parkmore, Johannesburg - 2196

www.pcasa.org.za



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APPLICATION FOR PCASA MEMBERSHIP

| l enclose payment as: EFT Bank De | posit Debit Order < Please mark with X |
|--|---|
| Student Member - R1200.00 Full Membership - R2400.00 | PCASA Badge - R60.00 Supplier Member Training Member |
| Fax or email confirmation of your payment along w. | ith this form • Please note all payments to be made to PCASA |
| ADDRESS: PCASA c/o Livingstone Crichton 98 – 11th Street Parkmore, 2196 Fax: 086 665 8480 info@pcasa.org | BANKING DETAILS Account Name: PCASA Bank: FNB Sandton City Account No.: 62365160820 Branch Code: 25060500 |
| PERSONAL DETAILS: | |
| Name: | I.D. Number: |
| Postal Address: | |
| | Code: () () () |
| Tel: (Work) | Tel: (Home) |
| Email Address: | Mobile: () () () () () () |
| EMPLOYMENT DETAILS: | |
| Occupation: | |
| Name & Address of Place of Employment: | |
| | |
| Website: | |
| EXPERIENCE DETAILS: | |
| Training institution/s: | |
| | |
| | |
| How long have you been doing Permanent makeup? | |
| Machines/devices used (please indicate with an X) -> Coil: Rotary Pen: | Digital Rotary: Manual Tool: |
| Do you wish to be listed on the PCASA website? Yes No | <- (please indicate with an X) |
| How did you hear about PCASA? | |
| | |
| Declaration: I wish to apply for membership and do solemnly declare that if elected a member, I will observe all conditions of membership, By-laws, Ethical rules and Regulations and will conduct myself honorably in the practices of my profession and maintain the dignity and welfare of PCASA at all times. | |
| Digital Signature of Applicant: | Date: (DD/MM/YYYY) |
| FOR OFFICE USE ONLY: MEMBERSHIP NUMBER: MEMBERSHIP CARD/BADGE POSTED: | DATE: |

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