

Application for Membership

1. Membership Category

Please tick membership category

- Standard Teaching Country
 Associate Retired



2. Business Details

Trading Name

Entity/Company Name

ABN / ARBN

ACN

Postal Address

Street Address

Email

Website Address

Authorisation to include contact details on MPA Website

- Yes No

Name of Principal Contact (please include Middle Name if applicable . Note: you MUST be the voting member)

Office Phone No.

Office Fax No.

Mobile No.

Business Established Since

Registration No. (Individual)

Registration No. (Business)

3. Area (s) of Operation

Please tick area(s) of operation

- Lead Removal Special Finishes
 Commercial New Housing
 Historical Restorations Repaints
 Industrial Coatings Roof Coatings
 Wallpapering Asbestos Removal
 Textured Coatings Other _____

4. Insurance - Public Liability Policy Details

Compulsory for all Association Members

Name of Insurer

Sum Insured For

\$

Policy No.

Expiry Date

Copy of Policy Attached

5. Employees

Number of Employees

Registered Tradesmen _____ Apprentices _____ Subcontractors _____ Administration _____

Total # of Employees _____

6. Payment Options

- Standard Member \$400.00 inc gst
 Associate Member \$572.00 inc gst
 Country Member \$300.00 inc gst (outside 100km's of Metro GPO)
 Retired/Teaching Member \$57.20 inc gst

Cheque

Direct Deposit

Credit Card

Commonwealth Bank Australia | BSB: 066 114 | Account No: 1012 4869

Visa Mastercard

Card Number: _____ / _____ / _____ / _____

Expiry: ____ / ____

Name on Card: _____

Signature on Card: _____

7. Code of Conduct & Authorisations

- I have read and acknowledged the MPA Code of Conduct and Privacy Amendment Act 2000.
 I authorise MPA to give EBM Insurance my current insurance policy expiration date so they can provide me with a competitive quote.
 I authorise MPA to give The Commonwealth Bank my details so they can provide me with a competitive business banking package.

8. Declaration

I / We, the above applicant(s) herein named, apply for membership of the Master Painters Australia - WA Association, state that upon acceptance of this application, will abide by the Association's rules, as in force and in the future, in accordance with the wishes of the Members.

Signature of Applicant

Date

Office Use Only

Application Proposed By: _____ Seconded By: _____