

Membership Application Form

Please complete this application form in full and return with all paperwork to:
Membership Officer, 56-58 Gaine Rd Dandenong South VIC 3175 or email to: admin@mpav.com.au

Business Details

Registered Company Name:		ABN:
Trading Name (if applicable):		
Contact Name:	Nationality:	D.O.B:
Spouse:		
Business Address:		
Home Address:		
Business Telephone No.:	A/h:	Mobile:
E-mail:	Website:	
Second Business Contact:	Mobile:	

Trade Qualifications:

Cert III Painting and Decorating	Minimum 4 Years Industry Experience
	Or Are You
Willing to Upskill (if Required)	Willing to Upskill (If Required)
White Card	

Sole Trader Partnership Company

Number of years in the industry:

No. of Employees	1-5	6-10	10-15	Over 15
-------------------------	------------	-------------	--------------	----------------

What brand of paints do you use? 1. _____ 2. _____

Where are your preferred Trade Outlets? (please list name & address)

1.	Name: _____	Phone: _____
2.	Name: _____	Phone: _____

References - please provide contact details of 3 previous clients

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Public Liability Insurance / WorkCover (if applicable)

Public Liability Insurance must be maintained as a condition of membership.
(We recommend the use of MGA Services or Wesfarmers Federation Insurance)

Insurance Company:	Broker:	
Policy Number:	Insured Amount:	Expiry Date:
WorkCover #:	Cbus Super #:	Incolink #:
COINVEST:		

MASTER PAINTERS ASSOCIATION OF VICTORIA / TASMANIA

ABN 62004590729 ACN 004 590 729

Acceptance of Term & Conditions

MEMBERS WISHING TO RESIGN MUST BE FINANCIAL AND MUST RESIGN IN WRITING, OTHERWISE WILL REMAIN A MEMBER AND WILL BE LIABLE FOR ALL DUES.

I/We hereby apply to become a member of the Master Painters Association of Victoria Limited, and if accepted, agree to be bound by the Memorandum, Articles of Association and the Code of Ethics of the Association.

I/We hereby declare that all necessary insurances are carried by my/our business and are current, and will be maintained as a condition of membership.

I/We hereby state that the above information is true and correct.

Signed: _____ Dated: _____

Master Painters Australia is run by painters for painters and is the single most authoritative organisation in the painting industry. All applications are submitted to the Membership Committee for evaluation. Please ensure that all sections of this form are completed in full, or the form will be returned to you.

REQUIREMENT CHECKLIST

TRADE CERTIFICATE
(if attained)

CERTIFICATE OF CURRENCY
PHOTO ID (LICENSE/PASSPORT)

COMPANY REGISTRATION CERT
COPY OF QUOTE

WHITE/RED CARD

PLEASE ATTACH COPIES OF DOCUMENTS PERTAINING TO INSURANCES AND QUALIFICATIONS

Payment Options

Cheque Attached (made payable to MPA)

Bank Deposit

Credit Card (All cards except Diners)

Account Name: MPA

Bank: National Australia Bank

Card No: _____

BSB: 083 166

Acc No: 146 041 278

Name on Card: _____

Expiry Date: _____

Signature: _____

Quarterly

Annually