



# Application Form 2016

Please complete this application form in full and return with all paperwork to:  
 Membership Officer, PO Box 457, Camberwell, Victoria, 3124.  
 Tel: (03) 9813 5922, Fax: (03) 9813 5911

*Please ensure that you complete in full each section of this form in order for your application to be processed.*

## Business Details

Registered Company Name: \_\_\_\_\_ ABN: \_\_\_\_\_

Trading Name (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Spouse: \_\_\_\_\_

Business Address: \_\_\_\_\_ State: \_\_\_\_\_ P/code: \_\_\_\_\_

Home Address: \_\_\_\_\_ State: \_\_\_\_\_ P/code: \_\_\_\_\_

Business Telephone No.: \_\_\_\_\_ Fax: \_\_\_\_\_ A/h: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Second Business Contact: \_\_\_\_\_ Mobile: \_\_\_\_\_ Website: \_\_\_\_\_

## Trade History prior to accepting registration.

List your Trade Qualifications (eg Apprenticeship/short courses):

\_\_\_\_\_

\_\_\_\_\_

Please list other training undertaken: *(Proof must be provided)*

White/Red Card	<input type="checkbox"/>	Elevated Work Platforms	<input type="checkbox"/>
Costing and Estimating	<input type="checkbox"/>	First Aid	<input type="checkbox"/>
Lead Paint Management	<input type="checkbox"/>	Small Business Management	<input type="checkbox"/>

Other : \_\_\_\_\_

Do you sub-contract work?  Yes  No Please tick: Sole Trader  Partnership  Company

Do you have any employees?  Yes  No Other: \_\_\_\_\_

Are you currently in dispute?  Yes  No *(if yes, please attach relevant information pertaining to the dispute)*

Number of years in the industry \_\_\_\_\_

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

## Fields of Expertise (Number in order of preference)

<input type="checkbox"/> Commercial	<input type="checkbox"/> Re-paint	<input type="checkbox"/> Faux Finishes
<input type="checkbox"/> Domestic	<input type="checkbox"/> Paper Hanging	<input type="checkbox"/> Rendering
<input type="checkbox"/> New Work	<input type="checkbox"/> Sign Writing	<input type="checkbox"/> Graffiti Removal
<input type="checkbox"/> Industrial	<input type="checkbox"/> Decorative Finishes	<input type="checkbox"/> Protective Coatings
<input type="checkbox"/> Spray Painting	<input type="checkbox"/> Lead Paint Removal	<input type="checkbox"/> Chemical Stripping

Other: \_\_\_\_\_

## Job Capacity What workload can you handle? (up to \$)

\$10000  \$20,000  \$50,000  \$100,000

\$200,000  \$500,000  Over \$500,000

*Please provide details of a previous job.....*

Project/Client : \_\_\_\_\_

Value: \_\_\_\_\_

What Brand of paint 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 at least 1 supplier and 3 previous clients. At least 1 reference letter must also be attached in order for your application to be processed.**

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**Public Liability Insurance / WorkCover**

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

Insurance Company: \_\_\_\_\_ Broker: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insured Amount: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

WorkCover Number: \_\_\_\_\_ C+BUS Number: \_\_\_\_\_ Incolink Number: \_\_\_\_\_

COINVEST NO: \_\_\_\_\_

**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.  
MEMBERSHIP FEES ARE NON-REFUNDABLE**

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.

I/We grant permission for the association to take photographs, video or digital recordings and reproduce and communicate for the purposes of the Associations online media and print publications, promotions and advertising.

I/We understand I may resign from membership on written notice to Master Painters Association of Victoria Limited and no refund of membership fees will be given. If I resign, dues owing to the Master Painters Association of Victoria Limited prior to the resignation taking effect are a debt to Master Painters Association of Victoria Limited.

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.*

**General Privacy Policy**

Master Painters Association is bound by the Privacy Act 1988 ("the Privacy Act") including the 13 Australian Privacy Principles ("APPs") found in Schedule 1 of that Act. We will handle your Personal information in an open and transparent manner, in accordance with the

**REMINDER CHECKLIST**

REFERENCES	<input type="checkbox"/>	CERTIFICATE OF CURRENCY	<input type="checkbox"/>	COMPANY REGISTRATION CERTIFICATE	<input type="checkbox"/>
TRADE CERTIFICATES	<input type="checkbox"/>	PHOTO ID (LICENSE/PASSPORT)	<input type="checkbox"/>	COPY OF A QUOTE	<input type="checkbox"/>
WHITE CARD	<input type="checkbox"/>	ELEVATED WORK PLATFORM LICENSES	<input type="checkbox"/>		

**PLEASE ATTACH COPIES OF DOCUMENTS PERTAINING TO INSURANCES, QUALIFICATIONS, REFERENCES AND DISPUTES. APPLICATIONS WITHOUT SUPPORTING DOCUMENTATION PERTAINING TO QUALIFICATIONS OR RELEVANT YEARS INDUSTRY EXPERIENCE WILL NOT BE CONSIDERED.**