



MASTER PAINTERS AUSTRALIA

"painting a brighter future"

VICTORIA / TASMANIA

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.

Tel: 0417 890 852 E-mail: mail@mpav.com.au

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: _____ 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 & Decorating

Elevated Work Platforms

Willing to upskill? (If required)

First Aid

Costing and Estimating Lead Paint

Small Business Management

Management

White Card

Other : _____

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: _____ Telephone No: _____

Name: _____ Telephone No: _____

Name: _____ Telephone No: _____

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 Number: _____ C+BUS Number: _____ Incolink Number: _____

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. MEMBERSHIP & JOINING 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 agree to pay a once off joining fee of \$150 (incl GST) in order to have our application processed (please see bottom of form for bank details). This fee will be deducted from the membership fee total.

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 CERTIFICATES
WHITE/RED CARD

CERTIFICATE OF CURRENCY
PHOTO ID (LICENSE/PASSPORT)

COMPANY REGISTRATION CERT
COPY OF QUOTE

PLEASE ATTACH COPIES OF DOCUMENTS PERTAINING TO INSURANCES AND QUALIFICATIONS
APPLICATIONS WITHOUT SUPPORTING DOCUMENTATION WILL NOT BE CONSIDERED

Payment Options:

PLEASE NOTE NEW BANK DETAILS

Cheque Attached (made payable to MPA)

Direct Deposit

Credit Card (All cards except Diners) Card

Bank Account Details: MPA

National Australia Bank

No: _____

BSB 083 166

Acc No: 146 041 278

Name on Card: _____

Expiry Date: _____

Signature: _____