



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: 03 9813 5922 E-mail: admin@mpav.com.au

VICTORIA / TASMANIA

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	Minimum 4 Years Industry Experience
Or Are You	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: _____ 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 application 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 if successful.

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/
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

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: _____