

APPLICATION FOR MEMBERSHIP

Membership period 1 January 2016 to 31 December 2016
(or pro-rata period)



1 Membership Category Please tick membership category:

- Metropolitan
 Associate
 Retired
 Country (outside 100kms of metro GPO)
 Teaching

2. Business Details

Registered Trading Name _____

Entity/Company Name _____

ABN / ARBN _____ ACN _____

Postal Address _____ Post Code _____

Street Address _____ Post Code _____

Email Address _____

Website Address _____

Authorisation to include contact details on MPGA website Yes No

Preferred contact name for all communications from MPGA :

Full Name _____

Email Address _____

Name of Licenced Plumbing Contractor (Note: you must be the voting member – Residential address for electoral reasons only)

First Name _____ Middle Name _____ Last Name _____

Residential Address _____ Post Code _____

Office Phone No. _____ Office Fax No. _____

Mobile No. _____ EnviroWest Certificate No. _____

PLB License No. _____ Gas License No. _____

National Restricted Electrical Licence No. _____

Backflow Certificate No. _____

3. Areas of Operation (Please tick area(s) of operation)

Maintenance:	<input type="checkbox"/> Domestic	<input type="checkbox"/> Backflow
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Commercial
<input type="checkbox"/> Consultancy	<input type="checkbox"/> Drainage	<input type="checkbox"/> Gas
<input type="checkbox"/> Gas Servicing	<input type="checkbox"/> Greywater	<input type="checkbox"/> Industrial
<input type="checkbox"/> New Housing	<input type="checkbox"/> Renovations	<input type="checkbox"/> Restrictd Electrical
<input type="checkbox"/> Roofing	<input type="checkbox"/> Leak Detection	<input type="checkbox"/> After Hours.
<input type="checkbox"/> Solar	<input type="checkbox"/> Pensioner Rate	<input type="checkbox"/> Hot Water Systems
<input type="checkbox"/> Part Payments		<input type="checkbox"/> Septic Conversion

4. Number of Employees Please indicate number of:

Registered Tradesmen _____

Apprentices _____

Subcontractors _____

Administration _____

Total No. of Employees _____

5. Code of Conduct and Privacy Act (Please tick once you have read the MPGA Code of Conduct & Privacy Amendment Act 2000)

Yes, I have read and acknowledged the MPGA Code of Conduct and Privacy Amendment Act 2000.

6. Insurance - Public Liability Policy Details (Compulsory for all Association Members)

Name of Insurer _____ Sum Insured for \$ _____

Policy Number _____ Expiry Date _____ Copy of Policy Attached

7. Fee Payable

- | | | |
|---|----------------|----------------------|
| <input type="checkbox"/> Metro | 1-5 Employees | \$490.00 (inc. GST) |
| <input type="checkbox"/> Metro | 6-10 Employees | \$1060.00 (inc. GST) |
| <input type="checkbox"/> Metro | 10+ Employees | \$2270.00 (inc. GST) |
| <input type="checkbox"/> Country | 1-5 Employees | \$370.00 (inc. GST) |
| <input type="checkbox"/> Country | 6-10 Employees | \$595.00 (inc. GST) |
| <input type="checkbox"/> Country | 10+ Employees | \$1680.00 (inc. GST) |
| <input type="checkbox"/> Retired/Teaching | | \$70.00 (inc. GST) |
| <input type="checkbox"/> Associate | | \$760.00 (inc. GST) |

8. Payment Options

Cheque Direct Debit: Refer to the MPGA website for further information

Direct Deposit: Commonwealth Bank Australia - BSB: 066 114 - Account Number: 1012 4893

Credit Card Visa MasterCard

Card Number Expiry /

Name on Card _____ Signature _____

9. Declaration and Authorisation

I / We, the above applicant(s) herein named, apply for membership of the Master Plumbers & Gasfitters Association of WA, 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.

- I authorise MPGA to give EBM Insurance my current insurance policy expiration date so they can provide me with a competitive quote.
- I authorise MPGA to give The Commonwealth Bank my details so they can provide me with a competitive business banking package.
- I, _____ (name) of _____ (company)
DO NOT want to be listed on the MPGA's Find a Plumber Website.
- I, _____ (name) of _____ (company)
DO NOT want to be listed on the Look Local Website.

Signature of Applicant _____ Date _____

OFFICE USE ONLY

Application Proposed By: _____ Seconded by: _____