

Membership Application

Metropolitan Regional Teaching Retired



Because public health matters.

BUSINESS DETAILS

Registered Trading Name _____

Company Name _____

Name/Surname of Directors of the Company _____

ABN: _____ ACN: _____ ABRN: _____

Postal Address _____

Physical Address _____

Telephone _____ Email _____ Website _____

PLUMBING CONTRACTOR / VOTING MEMBER DETAILS (for the Electoral Commission)

First Name: _____ Middle Name _____ Surname _____

Residential Address: _____

Email _____ Telephone _____ Mobile _____

Licence Details **(Please attach all copies)** _____

Plumbing Licence No. Gas Licence No. Backflow Licence No. _____

NREL Licence No. Other (please specify) _____

NUMBER OF EMPLOYEES

Please indicate the Number of Employees

Registered _____ Tradespeople _____ Apprentices _____ Sub-contractors _____ Administration _____

INSURANCES (please provide certificate of currency)

Public Liability Policy Details (Compulsory for all Association members)

Name of insurer _____ Sum Insured for \$ _____

Policy Number _____ Expiry Date _____

Workers Compensation Policy Details:

Name of Insurer _____ Policy Value \$ _____

Policy Number _____ Expiry Date _____

AREAS OF OPERATION

Maintenance Commercial Housing Environmental Other



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GENERAL

Do you want your business to be listed on the Master Plumbers Website – Find a Plumber? Yes No

Do you want to be provided with vehicle signage? Yes No

Would you prefer: White background/coloured logo Quantity _____
 Transparent background /white logo Quantity _____
 Transparent background/coloured logo Quantity _____

Is there anyone else in your business that you would like to have included in email communications such as industry alerts and newsletters?

Name: _____ Surname: _____ Email Address: _____

Name: _____ Surname: _____ Email Address: _____

Name: _____ Surname: _____ Email Address: _____

Would you like us to follow you on social media? If yes, please provide your details.

Facebook: _____ LinkedIn: _____ Instagram: _____

Primary Office Contact Phone Number:

First Name: _____ Surname: _____ Email: _____

In a few short words, why have you decided to apply for Membership?

APPLICATION FEES (INC. GST) TAX DEDUCTABLE

Metro 1-5 Employees \$490.00	Regional 1-5 Employees \$370.00	Teaching \$70.00
Metro 6-10 Employees \$1060.00	Regional 6-10 Employees \$595.00	Retired \$70.00
Metro 10+ Employees \$2270.00	Regional 10+ Employees \$1680.00	

DECLARATION AND UNDERTAKING

I, the above applicant herein named, apply for membership of the Master Plumbers and Gasfitters Association of Western Australia, state that upon acceptance of this application, I will abide by the Association's rules, as in force and in the future, in accordance with the wishes of the Members. I acknowledge that I have read the Code of Conduct (located on the MPGA website) and agree to abide by this rule.

I undertake that should I resign my membership that I will remove all references to the MPGA including but not limited to; vehicle stickers, logos, and website representation.

I acknowledge that should I utilise the Toyota Gold Fleet Discount within the first year of Membership, I will undertake to remain a member for a minimum of two years.

Signature of Applicant: _____ Dated: _____

APPLICATION FEES (INC. GST) TAX DEDUCTABLE

Annually Quarterly (DD Only) Monthly (DD Only) Weekly (DD Only)

For Direct Debits (DD): Once your application has been approved and processed, we will forward the direct debit form for completion.

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

Credit Card: Visa MasterCard American Express

Please note: 1% administration charge for Visa, MasterCard and American Express

Name on Card: _____ Signature: _____

Card Number: _____ Expiry: _____ CCV: _____