

# 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.

To obtain Toyota Gold Fleet discount you must be a financial member of the Association for 2 full years. Direct debits not applicable with Gold Fleet Discount.

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

### APPLICATION FEES (INC. GST) TAX DEDUCTABLE

Annually

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: \_\_\_\_\_