

# MASTER PAINTERS AUSTRALIA

### MASTER PAINTERS, DECORATORS & SIGNWRITERS ASSOCIATION OF SA INC

PO Box 2435 Burnside SA 5066

### APPLICATION FOR MEMBERSHIP

ATTLIC	ATION TOR MEMBE	KSHIII	
Full name of contact person:			
Trading Name:			
ABN:			
Business Address:			
Business Telephone No:		Facsimile:	
Mobile Phone No:		Home Phone No:	
Email Address:		Website Address:	
Average number of employees if ar contractors:	y in the last twelve mo	nths:	Sub
Trade qualifications e.g. Apprenticeship, short courses etc:			
Total years in trade:		Period of time as a co	ontractor:
Builders Licence No:		Expiry Date:	
Public Liability Policy No:		Expiry Date:	
Policy held with:		Policy cover provided	l:
Please supply two written references from (Clients, Builders, Supervisors, Members of the MPA) or provide names and contact details.			
1. Name:	Contact address and	phone no:	
2. Name:	Contact address and	phone no:	
Name of Paint Representative & Cor	mpany:	Contact no:	
Please provide details on how you heard about us or who referred you to join the MPA			
I / We	sociation of SA Inc. and		



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#### Membership payment options:

Via Cheque: Master Painters, Decorators and Signwriters Association of SA Inc.

PO Box 2435, Burnside SA, 5066

Via Electronic Banking: Master Painters, Decorators and Signwriters Association of SA Inc.

BSB: 105 074

Account: 040 641 440

Membership fee: \$450 per year + GST