



MASTER PAINTERS AUSTRALIA

MASTER PAINTERS, DECORATORS & SIGNWRITERS ASSOCIATION OF SA INC

PO Box 2435 Burnside SA 5066

APPLICATION FOR MEMBERSHIP

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 any in the last twelve months:
contractors:

Sub

Trade qualifications e.g. Apprenticeship, short courses etc:

Total years in trade:

Period of time as a contractor:

Builders Licence No:

Expiry Date:

Public Liability Policy No:

Expiry Date:

Policy held with:

Policy cover provided:

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 & Company:

Contact no:

Please provide details on how you heard about us or who referred you to join the MPA

I / We _____ do hereby make application to join the Master Painters, Decorators & Signwriters Association of SA Inc. and agree to abide by the Associations rules of Constitution and Code of Ethics.



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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: \$500 per year +GST