



Master Painters Australia ACT Inc  
PO Box 362 Fyshwick ACT 2609  
**P/F:** 02 6287 2793

**E:** admin@masterpaintersact.com.au

### APPLICATION FOR MEMBERSHIP

**All information given in this application will be treated as confidential.**

Applicants Name.....  
*Surname* *Given Names*

Business Name.....  
*Name that you currently trade under*

Postal Address..... Post Code.....

Phone: Business ..... Mobile ..... Facsimile .....

Email address.....Web Address.....  
Do you want to link your website to the MPA website? YES/NO

Category of membership sought      Standard    Affiliate

What trade or other qualification do you hold?.....

Your practical experience.....yrs    Self Employed business person.....yrs    Are you an undischarged bankrupt?.....

Membership of affiliated association or construction industry organisation (eg HIA or MBA).....

Public Liability Insurance details **(Certificate of currency must be sighted by a committee member)**

Company.....Policy Number .....Expires.....

Names and contact details of two referees willing to give professional, business or character references. I agree to a committee member seeking such references

1.....

2.....

Do you wish to have your business listed (phone & email only) on the MPA website "Find a Painter" page?  
YES/NO

I hereby apply to join Master Painters Australia ACT (Inc) and agree to abide by its rules and code of ethics and to pursue its objectives. Payment of \$.....(\$460.00 pa plus GST or pro rata amount) is attached.

Print Name .....Signature.....Date.....

I .....being a financial member of Master Painters Australia ACT (Inc) nominate the above applicant for membership of the association

Signature of nominating member..... Date.....

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**FOR OFFICE USE ONLY**

Application received.....Application put to committee.....

Membership Number Allocated..... Membership card and certificate printed.....

Invoiced.....Database updated.....MPA Website updated.....Letter sent to member.....