

MASTER BUILDERS MEMBERSHIP APPLICATION FORM

Master Builders is an employer association governed by a Board of Management.
Membership applications are considered by the Board on the second Tuesday of each month.



Member Division

For additional listings in other regional centres contact our Membership Department on 9476 9800.

Business Type

**Please Select one*

Building Practitioner/Contractor Number *(for builder applicants only)*

**Corporate (Contractor)*

**Individual (Practitioner)*

Business Type: Corporation Partnership Sole Trader

Business Details

Trading Name *(to appear on Master Builder records & website)*

Business Name *(if different to trading name)*

ABN Website

Directors, Partners or Sole Traders information

Title First Name Surname Email

Title First Name Surname Email

Title First Name Surname Email

Annual Turnover *(Previous years)* Year Business Started No. of employees

Insured with Expiry Bank with

Business Contact Details

Postal Address PO BOX Phone Number

Suburb State Post Code

Business Address

Suburb State Post Code

Main Representative *(exercises member's rights and privileges. e.g votes, stands for office, etc)*

Title First Name Surname

Job Title Mobile

Email

Would you like to include additional personnel to receive industry updates/newsletters

No Yes *(Please attach full details)*

Main Contact *(will be first point of contact for all correspondence from Master Builders)*

Please tick if main contact details are same as main representative

Title First Name Surname

Job Title Mobile

Email

Industry Reference

Name	Occupation/Trade	Number/Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Bankruptcy / Administration / Liquidation / Disqualification

Have you, any partner, any director or the person in charge of building or construction in your business committed an Act of Bankruptcy or been a director or had management of a company the subject of an application for winding up or the appointment of an administrator, liquidator or receiver?

No Yes *(Please attach full details)*

Have you, any partner, any director, or the person in charge of building or construction been fined or disqualified by any state building, licensing, trade, consumer protection or home warranty body over the past five years?

No Yes *(Please attach full details)*

MASTER BUILDERS MEMBERSHIP APPLICATION FORM

Continued



I intend on utilising these Master Builders' Services

Insurance Finance Training/Contracts Legal/IR Safety

I intend on utilising these Master Builders' Partnerships

AHG Bankwest CBUS Caltex HBF Harvey Norman Home In WA Telstra
 Jackson McDonald Kleenheat MBAS Officeworks Biznostics

Declaration *(to be signed by the Director, Principal, CEO, Partner or Owner)*

To the best of my knowledge, the information in this form is true and correct. I authorise Master Builders' Association of Western Australia (Union of Employers) Perth "Master Builders" to make enquiries to enable this application to be considered and confirm this authority is given in satisfaction of the requirements of the Privacy Act 1988 or any similar Act. If accepted as a member I agree to be bound by Master Builders' Constitution and Rules and Code of Ethics.

I understand I may resign from membership on written notice to Master Builders and no refund of membership fees will be given.

If I resign, dues owing to the Master Builders prior to the resignation taking effect are a debt to Master Builders.

Code of Ethics *(By ticking this box you have read and agree to the Master Builders [Code of Ethics](#))*

Privacy Statement

Master Builders acknowledges and respects the privacy of individuals. Information you provide, or might be asked to provide to Master Builders is personal information as defined by the Privacy Act 1988. The information will be used to process your application, contact you in the event of cancellation, conduct analysis or market research to identify ongoing member needs, provide you with access to, and information about, a range of current and future training courses and events conducted by Master Builders or third parties working in alliance with Master Builders, dissemination to you of Master Builders publications, releases and other information relevant to members, marketing of Master Builder products and services, its sponsors and others.

Should you NOT wish Master Builders to use your information for these purposes, please email us accordingly (mba@mbawa.com).

Privacy Statement *(By ticking this box you have read and agree to the Master Builders Privacy Statement)*

Name of Applicant

Job Title

Signature

Date

Remittance Advice & Payment Authority Details *(FULL APPLICABLE FEES MUST ACCOMPANY APPLICATION)*

Option 1 - Direct Credit of \$ BSB: 306-051 Account: 0389251 REF (COMPANY NAME)

Option 2 - Monthly installment *(If selected, the Membership team will be in touch)*

Option 3 - Please debit the amount of \$ On my credit card Visa Mastercard

Card Number Expiry Date

Card holders name

Card holders signature

OFFICE USE ONLY

Membership Investment *(as confirmed by our Membership Department)*

Annual Membership Fee Category

Pro-Rata amount Pro-Rata fee to

Joining Fee *(once off)*

Any applicable discounts

TOTAL \$ *(inc gst)*

Special Offers

Joining Date Signing Officer