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.

Would you like to receive communications about:

Events & Awards

Express Weekly E-newsletter



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BUSINESS ACC Member Account Nam To appear on Master Builders re	ne:							
Legal Business Name:								
ABN:			Business Phone:					
Website:			No of employees:					
Postal Address:								
Suburb: Business Address:			State:	Postcode	x:			
Suburb:			State:	Postcode	o:			
Primary Industry (ple	ase select)							
Residential	Commerc	ial Other						
Previous year turnove	r:		Year business starte	ed:				
Insured with:			Bank with:					
Reason for joining:								
Registered Building Building Practitioner N		y:	Building Contractor	Building Contractor Number:				
CONTACTS PR	OFILE							
Main Representative (Exercises member rights and p	orivileges eg. Votes, stands	for office. Typically a Director	or or Executive in the company)					
Title:	Given Name:		Sui	rname:				
Job Title:			Mobile Num	Mobile Number:				
Email Address:								
Would you like to recei		s about:						
Express Weekly E-	newsletter	Events & Awards	Training	Member Alerts	Bi-Annual Magazine			
Primary Contact (First point of contact for all con	rrespondence from Master	Builders Association WA)			Tick if the same as Main Representative			
Title:	Given Name:		Su	rname:				
Job Title:			Mobile Nun	nber:				
Email Address:								

Training

Member Alerts

Bi-Annual Magazine

Title:	Given Name: Surname:								
Job Title:			Mobile Number:						
Email Address:									
Would you like to receive communications about:									
Express Weekly E-	newsletter Events	& Awards	Training	Member Alerts	Bi-Annual Magazine				
MEMBERSHIP SUBSCRIPTION									
Annual Membership Fe	e		Joining Fee						
Payment Options:	Annual	Monthly Installments							
Commencing Date									
BANK CARD									
VISA	MASTERCARD	AMEX (an addit	ional fee of 1.65% will be	e charged)					
Card number:									
			Expiry:	/					
Cardholders name:			Cardholders Signa	ature:					
BANK TRANSFI	ER								
Bank Account Name									
BSB	Account Number								
Account Holders									
REFER A MATE! Would you like to refer a member and save \$200 off next year's membership fee*? Company: Name: Email: Phone:									
Оотпраг	· y .	Name.	LITIA		i none.				

*Please see full Terms & Conditions on our website at www.mbawa.com

Tick if the same as Main Representative

Account Contact

DECLARATION

Name of applicant:

Have you ever been an influential perosn (CEO, General Manager, Company Director or Significant Shareholder) of a company that entered into bankrupcy or administration? NO

YES

- I, the person whose signature appears below on this application warrant that:
- a) The information provided is true and correct
- b) I am an authorised representative of the applicant and have the authority to bind the applicant to this application and the Master Builders WA membership agreement;
- c) If membership is granted, the applicant will be bound by the constitution, Master Builders WA Code of Ethics, and any building and construction Code of Practice endorsed by Master Builders WA, which is available on our website and by request;
- d) I agree to make payment in full of the membership fees on or before the joining date and every 12 month anniversary date therefrom (subscription term);
- e) If paying by the monthly installment payment option, I agree to pay the full annual amount of Master Builders WA membership as nominated in this application form across 12 equal payments on a monthly basis by direct debit/credit from the above nominated account, I understand the monthly installments cannot be cancelled during the subscriptions term unless the full payment of the unpaid portion of the membership fee for that particular subscription term has been paid. If the applicant resigns or otherwise ends it's membership with Master Builders WA prior to full payment of the membership fees, I authorise Master Builders WA to continue to deduct the balance of membership fees from the nominated account on a monthly basis for the remainder of the subscription term until full payment of the membership fees have been made to the Master Builders WA for the relevant subscription term;
- f) The applicant's subscription will be automatically renewed annually on the anniversary of it's joining date and the appropriate payment for the next subscription year will be deducted from the above nominated account on either monthly installment or annual payment basis noted above. In the event that the applicant wishes to resign its membership, I understand that this can only be done in writing a minimum of 4 weeks prior to the annual anniversary of the joining date;
- g) If paying by direct debit, the above account holder acknowledges having read and understood the terms and conditions governing the debit arrangements between it and Master Builders WA outlined in the Direct Debit Service Agreement which is available on our website and by request;

Job title:

Signature:	Date:						
PRIVACY STATEMENT Master Builders WA and its subsidiaries collect personal information about you so that we can provide you with the services you have requested. We may also use your information to improve our products, services and events and offer you or our sponsors, partners or suppliers products and services which may be relevant to your needs. We may disclose personal information about you to third party contractors, but if we do so we will take steps to ensure that your privacy is respected. Our privacy policy contains information about how you can access and correct the personal information we hold about you, or make a privacy complaint. It is available from our website www.mbawa.com or from our offices. You may update or alter your personal communications preferences and contact information anytime by contacting 08 9476 9800 or email membership@mbawa.com. GUARANTEE AND INDEMNITY I agree to indemnify Master Builders WA for all losses, charges and expenses suffered and/or incurred as a result of the non-payment of any and all monies owing by the applicant under the membership agreement. Name of applicant: Job title: Signature: Date:							
OFFICE USE ONLY							
Find A Member Level:				Sponsor:	YES	NO	
Membership Type: CO Parent Account:	DRPORATE	SINGLE	MULTI				