

Please tick **one** box:

Sole Trader  Company  Partnership

Trading Name: \_\_\_\_\_

\_\_\_\_\_

Company / Partnership Name: \_\_\_\_\_

\_\_\_\_\_

ABN: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

Web Address: www. \_\_\_\_\_

Year commenced in business? \_\_\_\_\_

**Nominated Person Details**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Private Address: \_\_\_\_\_

\_\_\_\_\_

Private Phone No: \_\_\_\_\_

% of shares held in company: \_\_\_\_\_

**Other Contact Persons**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

**Office of Fair Trading Licences**

**Contractors Licences**

**Sole Trader Contractors Licence Details**

Name: \_\_\_\_\_

Licence No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

**Company / Partnership Licence Details (if applicable)**

Name: \_\_\_\_\_

Licence No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

**Qualified Supervisors Certificates or Contractors Licence Details (if applicable)**

Name: \_\_\_\_\_

Cert / Licence No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name: \_\_\_\_\_

Cert / Licence No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name: \_\_\_\_\_

Cert / Licence No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

*If there are more than three (3) Qualified Supervisors, please attach additional paperwork.*

Please tick the appropriate box(s) indicating which work area(s) you are qualified to work in.

<input type="checkbox"/> Plumber	<input type="checkbox"/> Gasfitter
<input type="checkbox"/> Roof Plumber	<input type="checkbox"/> Drainer
<input type="checkbox"/> L.P. Gasfitter	<input type="checkbox"/> Advanced L.P. Gasfitter
<input type="checkbox"/> Water Plumber	<input type="checkbox"/> Air Conditioning
<input type="checkbox"/> Fire (Sprinkler)	<input type="checkbox"/> Fire (Protection)
<input type="checkbox"/> Electrical	<input type="checkbox"/> Restricted Electrical - Disconnect / Reconnect

**ENTER CURRENT NUMBER OF PROPRIETORS AND EMPLOYEES**

PROPRIETORS: \_\_\_\_\_

TRADESMEN: \_\_\_\_\_

LABOURERS: \_\_\_\_\_

APPRENTICES: \_\_\_\_\_

TOTAL: \_\_\_\_\_

**Please ensure the declaration below is completed**

I, \_\_\_\_\_

*(Print your name)*

state that there are \_\_\_\_\_\* persons employed under the terms and conditions of the relevant plumbing awards operating in NSW. Given your number of employees, please forward a cheque or credit card details for payment of membership subscription for the appropriate category listed.

Annual membership subscriptions are due and payable in advance by 1<sup>st</sup> January each year.

As a condition of the acceptance of this application, I/we hereby agree, if approved as a member, to adhere to and be bound by the constitution of the Association. In particular, I have read and understand the information relating to membership rules outlined below.

I also agree that in the event of my resignation from the Association, I shall remove all logos, devices and registered insignias from my vehicles, shop windows or other places where such insignias may give a misleading impression to others that I am a member of the Association.

**Privacy Option**

Pursuant to the Privacy Act 1988 we will not disclose the "personal information" contained in this membership application to any non member organisation, company, agency or person other than if required by law, or unless by your express consent.

Notwithstanding this clause, the Association receives contacts from the NSW public seeking referrals to plumbers. The Association will answer these requests and may give your business contact details.

As a member of the Master Plumbers Association of NSW we have access to various specialist services such as WFI Insurance, Caltex Star Card, MPA Training and Master Plumbers Apprentices Limited. Please indicate whether you **do not** wish to consent to the Association making available to these organisations your professional contact information as provided in this application for the purpose of these organisations contacting you regarding your needs relating to their products.

**Please Tick the box if you do not wish to consent**

I do not wish to consent to the Association making available to WFI Insurance, Caltex Star Card, MPA Training and Master Plumbers Apprentices Limited my personal contact information as provided in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Join now and get an early bird discount for 2020/2021

## MEMBERSHIP PAYMENT

Annual Membership Subscription is from  
1<sup>st</sup> January to the 31<sup>st</sup> December each year

CATEGORY OF MEMBER	PLEASE TICK THE APPROPRIATE BOX
P – Sole Proprietor and / or 1 Apprentice	<input type="checkbox"/> \$649.00 (incl GST)
P1 – Proprietor + 1 to 4 Employees	<input type="checkbox"/> \$816.00 (incl GST)
P5 – Proprietor + 5 to 10 Employees	<input type="checkbox"/> \$1,075.00 (incl GST)
P11 – Proprietor + 11 to 18 Employees	<input type="checkbox"/> \$2,125.00 (incl GST)
P19 - Proprietor + 19 to 25 Employees	<input type="checkbox"/> \$3,156.00 (incl GST)
P26 – Proprietor + 26 plus Employees	<input type="checkbox"/> \$4,280.00 (incl GST)

MY CHEQUE ENCLOSED FOR \$ \_\_\_\_\_ made payable to *The Master Plumbers Association of NSW*

OR, Direct Deposit: Contact the Association for these details

OR, alternatively debit my credit card for \$ \_\_\_\_\_

(Please tick appropriate card)

MasterCard  Visa  Amex

Card # \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

*Office use only*

Member No - \_\_\_\_\_

D/B - \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

WEB - \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

INV - \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PH  EM  WS  MO  TS  Other \_\_\_\_\_

## CONDITIONS OF MEMBERSHIP

### 1. TERMINATION OF MEMBERSHIP:

- (1) Membership may be terminated by a member giving written notice of resignation addressed and delivered to the President or the registered office of the Association.
- (2) A notice of resignation takes effect where the member ceases to be eligible to become a member of the Association.
  - (a) On the day on which the notice is received by the Association; or
  - (i) on the day specified in the notice, not being earlier than the day on which the member ceases to be eligible to become a member,
  - (ii) whichever is the later; and
  - (b) In any other case:
    - (i) at the end of 3 months after the notice is received by the Association; or
    - (ii) on the day specified on the notice, whichever is the later.

- (3) A notice of resignation shall be taken to have been received under this Rule when it is delivered to the President or the registered office of the Association.

### (4) Termination may also be effected by:

- (a) The member being given not less than 14 days notice in writing that the question of continuity of membership is to be referred to and considered by the Executive Committee at the next Executive Committee meeting. Such notice shall specify one or more of the grounds set out in sub-rule 8(4)(b) as the reason for the reference to the Executive Committee and shall inform the member that oral or written submissions may be put to the Executive committee in relation to the reference. After considering such submissions, if any, as may be advanced by the member, the Executive Committee may resolve by a majority vote of its members present to terminate the members membership. Any such termination shall take effect from the date of the Executive Committee's decision.
- (b) The grounds for termination by the Executive Committee shall be that the member:
  - (i) has ceased to be eligible to be a member; or
  - (ii) has been in arrears of any monies due to the Association for over 6 months; or
  - (iii) has become bankrupt or insolvent or has entered into a scheme of arrangement for payment of creditors or in the case of a company, has gone into liquidation; or
  - (iv) has been convicted in a court of law of fraud or other serious crime; or
  - (v) has become of unsound mind; or
  - (vi) refuses or neglects to comply with these Rules; or
  - (vii) has been acting in a manner detrimental to the interests of the Association.

- (5) Upon resignation or termination of membership by the Executive Committee taking effect under this Rule, the member's name shall be removed from the register.

- (6) Subject to the Act and the Regulations, any dues, subscriptions or levies payable but not paid by a former member in relation to a period of six months before the member's resignation or termination of membership by the Executive Committee takes effect under this Rule may be sued for and recovered in court of competent jurisdiction as a debt due to the Association.

- (7) Any person who ceases to be a member under this Rule shall forthwith cease to have the benefit of any privileges devolving from membership and shall cease to have any claim or interest of any nature to or in the funds or assets of the Association or against any Executive Committee member or any office-bearer.

### 2. ASSIGNMENT ETC. OF BUSINESS

In accordance with the provisions of Section 427(4) of the Act, a member is required to notify the President of the Association within 14 days if:

- (a) The business or part of the business of the member is assigned or transferred to a person who is not a member of the Association; or
- (b) Such a non-member succeeds to the business or part of the business of the member.

MPA NMA 2021

Join now and get up to 15 months membership as an early bird discount for 2021

2021/2022

## Ordinary Membership application form

“NEW” members joining  
between October &  
December 2021

(Membership to 31<sup>st</sup> December 2021)



**Master Plumbers & Mechanical Contractors Association of NSW™**

2 Percy Street, Auburn NSW 2144

PO Box 42 Lidcombe NSW 1825

Ph: (02) 8789 7000 Toll Free call: 1800 424 181

Fax: (02) 9749 7881

Web: [www.masterplumbers.com.au](http://www.masterplumbers.com.au)

Email: [membership@masterplumbers.com.au](mailto:membership@masterplumbers.com.au)

ABN: 64 040 939 175