



Master Plumbers ACT

p: 02 6112 8630 e: office@masterplumbersact.asn.au
www.masterplumbersact.asn.au

APPLICATION FOR MEMBERSHIP

***Please Note: All Applications require approval of the Board**

CONTRACTOR MEMBER

BUSINESS AND LICENCE DETAILS

Full Name:		DOB:
Trading or Company Name in Full:		
ABN:	ACN:	
Postal Address:		
Phone:	Mobile:	
Email:		
Website:		
ACT Plumbing Licence No.	NSW Plumbing Licence No.	
Please tick Categories Held:		
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Drainage	<input type="checkbox"/> Gasfitting
*ACT Company Licence No.	*NSW Company Licence No.	
Licence Holder's Name:	Licence Holder's Name:	
<i>*Only required if plumbing licensee is not the business owner</i>		

SUBSCRIPTION FEES GST INCL - 1 APRIL 2025 TO 31 MARCH 2026

Please tick the relevant category of employees. A Tax Invoice / Receipt will be issued upon membership approval

- 0 to 4 Employees including Apprentices = **\$810.00**
- 5 to 14 Employees including Apprentices = **\$1,500.00**
- 15 or more Employees including Apprentices = **\$3,480.00**
- 30 or more Employees including Apprentices = **\$5,000.00**

PAYMENT

Direct Deposit

New / Updated Bendigo Bank Details: BSB: 633 000 Account No: 205 187 578

INSURANCE DETAILS

Compulsory for all Plumbing Contractor Members. Please Note: **Copies of Policy Documents to be attached to this application.**

Public Liability *(please attach copy)*

Name of Insurer:	Sum Insured for \$
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Policy Number:	Expiry Date:
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Workers Compensation *(please attach copy)*

Name of Insurer:	Sum Insured for \$
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Policy Number:	Expiry Date:
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DECLARATIONS:

- I understand that as a condition of this application, I agree to be bound by the Constitution, By-Laws and Code of Ethics of the Association.
- I agree that to advertise as an Association Member, I must be a financial member at all times and that in the event of my resignation from the Association, **ALL** logos and registered insignias will be removed from my vehicles, shop windows, invoices, website, advertising and other places where such insignias may give a misleading impression that I am a member of the Association.

CONSUMER GUARANTEE:

- As a Member you agree to:
- A) be familiar with the Guarantee Terms & Conditions;
- B) co-operate with MPA and any assessor appointed by the MPA in the investigation of any claims under the Guarantee; and
- C) if the MPA or any assessor appointed by the MPA considers remedial work is necessary in respect of any claims relating to work undertaken by the Covered Member, either:
- (i) undertake the remedial work at no cost to the MPA or the customer; or
 - (ii) if, for any reason the remedial work is carried out by another Member or person, compensate the MPA for any costs incurred by the MPA in respect of such work provide the other Member with any information required to be able to carry out the remedial work

AUTHORISATION:

- I authorise Master Plumbers ACT to give PSC Insurance Brokers my professional contact information so that they can provide me with a competitive and comprehensive insurance quotation.

Applicant's Signature:

Date: