

1. Fill in your organisation's details below **MEMBERSHIP APPLICATION - MASTER BUILDERS ASSOCIATION OF THE ACT**

APPLICANT DETAILS

Sole Trader Company Partnership

First Name Last Name

Trading Name ABN

Building Licences or Builders' Registration Number (if applicable) Class State

Class State

CONTACT INFORMATION

Sole Trader Company Partnership

Postal Address
 State Postcode

Street Address
 State Postcode

Phone Fax Mobile

Email Website

DIRECTOR / PARTNERS DETAILS

Please state full name/s, private addresses and phone numbers (please tick appropriate box)

Partners (for partnerships) Directors (for companies)

Names in full	Address/es	Phone number/s
<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"/>

APPLICANT REPRESENTATIVES

	1	2
Name	<input type="text"/>	<input type="text"/>
Postal Address (if different from above)	<input type="text"/>	<input type="text"/>
Work	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>

2. Choose the type of membership you are applying for (tick one box only)

BUILDER (Licensed)
 Commercial Residential

TRADE CONTRACTOR (Sub-contractor)
 Commercial Residential

CIVIL
 Civil contractor

PROFESSIONAL
 Professional
 - specify profession
 (please attach details of your Professional Indemnity Insurance)

SUPPLIER
 Manufacturer / Supplier Supplier / Sub contractor

ASSOCIATE
 Associate
 Associate membership is for individuals that are not working directly in the industry, for example retired members, Government representatives etc.
 Government
 Commercial
 Civil
 Residential
 Supplier
 Sub-contractor
 Professional

STUDENT
 MBA Apprentice MBA Cadet User Choice

3. To become a member you need to be nominated and seconded by a financial member of the MBA of the ACT

NOMINATOR

This part of the form must be completed in full and have a written endorsement attached.

First Name	<input type="text"/>	Last Name	<input type="text"/>
Organisation	<input type="text"/>	As at (date)	<input type="text"/>
Signature	<input type="text"/>		
Work Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

How long have you known the applicant

Have you seen examples of the applicant's work? Yes No

Do you consider their work is of a high standard? Yes No

Do you consider the applicant to be of good character? Yes No

Do you believe the applicant complies with all State, Territory & Commonwealth legislation? Yes No

Please provide a brief description as to why you believe the applicant should be granted membership.

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SECONDER

This part of the form must be completed in full and have a written endorsement attached.

First Name	<input type="text"/>	Last Name	<input type="text"/>
Organisation	<input type="text"/>	As at (date)	<input type="text"/>
Signature	<input type="text"/>		
Work Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

How long have you known the applicant

Have you seen examples of the applicant's work? Yes No

Do you consider their work is of a high standard? Yes No

Do you consider the applicant to be of good character? Yes No

Do you believe the applicant complies with all State, Territory & Commonwealth legislation? Yes No

Please provide a brief description as to why you believe the applicant should be granted membership.

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4. Please complete information on your organisation's activities

EXAMPLE OF WORK COMPLETED IN THE PAST TWO YEARS

Client	Type of Work	Phone number/s
<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"/>

TURNOVER (last financial year)

Gross annual turnover \$

BUILDING ACTIVITY (Residential builders only)

Houses/Extensions completed

FINANCIAL DETAILS

1 Have you, or in the case of a company or partnership, the Directors or Partners, ever been declared bankrupt, or assigned your estate, or entered into a deed of composition or arrangement with your creditors? Yes* No

2 Have you, or in the case of a company or partnership, the Directors or Partners, ever been a Director or Manager of a company which, at the time, or within the last twelve months, was placed into receivership, under official management, or under a scheme of arrangement? Yes* No

* If YES, please provide details on a separate sheet

TRADE / SUPPLIER REFERENCE (Supplier, Manufacturer or other)

Organisation	Contact person	Phone number	Fax number
<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"/>

QUALIFICATIONS (supply details of any relevant trade or professional qualifications)

Qualification	Institution	Year completed
<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"/>

5. Please complete the following section if there are any additional contacts that should be added for ease of contact or to send information to in regards to WH&S, Training, Industrial Relations, Marketing etc

ADDITIONAL CONTACT

First Name Last Name
Organisation Position
State Postcode Work Phone Mobile
Email
Information to be sent: Industrial Relations Marketing Events Technical notes Training

6. Please provide any criminal history details

CRIMINAL HISTORY CHECK - Any information disclosed will remain confidential

Has the applicant, director or any partner of the company been convicted of a criminal offence? Yes* No

Spent convictions as defined in the *Spent Convictions Act 2000* (ACT) do not need to be declared.

* If YES, please expand and provide details of the offence.

Offence Date of Offence

Provide details of the offence

7. Provide any details below if your trade licence has any special conditions

CONDITIONS IMPOSED ON BUILDER / TRADE LICENCE

Has a regulatory body issued any special conditions to your licence? Yes* No

* If YES, please expand and provide details:

Provide details of the conditions

Have you had a Builder / Trade licence cancelled or have you been issued with a rectification order? Yes* No

* If YES, please expand and provide details:

Provide details of the conditions

8. Please confirm that the details are accurate and sign the declaration below

DECLARATION

I/We the undersigned hereby certify that to the best of my/our knowlegde and belief the information contained in this application is true and correct and I/we, if admitted to membership of the Master Builders Association of the ACT, agree to be bound by the Constitution, Rules and Code of Conduct of the Association. I/We agree to pay all the Association's properly levied subscriptions and charges to the Association and such subscription and charges not paid by the date due shall be recoverable in any Court of competent jurisdiction as a liquidated debt. Fees shall be payable up until the date which a signed resignation is received by the Association.

I acknowledge that I have been provided with the Master Builders ACT Member Code of Conduct Yes

I acknowledge that I have been provided with and agreed to the Master Builders ACT Privacy Statement Yes

Name	<input style="width: 95%;" type="text"/>	Signature	<input style="width: 95%;" type="text"/>
Position	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>

OFFICE USE ONLY

Membership Type	<input style="width: 95%;" type="text"/>	Membership No.	<input style="width: 95%;" type="text"/>
Date entered into database	<input style="width: 95%;" type="text"/>	Date Certificate Issued	<input style="width: 95%;" type="text"/>
Approved by	<input type="checkbox"/> Executive Council <input type="checkbox"/> Sector Council		
Standard membership Fee	<input style="width: 95%;" type="text"/>	Joining Amount	<input style="width: 95%;" type="text"/>
Date paid	<input style="width: 95%;" type="text"/>	Period paid for	<input style="width: 95%;" type="text"/>

PAYMENT DETAILS

Cheque enclosed (made payable to the Master Builders Association of the ACT)

Please chage my Credit Card VISA MasterCard BankCard Cash

Card Number Expiry Date

Name on card Amount \$

Signature Date

ADDITIONAL MEMBER INFORMATION ON WORK ACTIVITIES AND REFERRAL CONSENT

CONTACT INFORMATION

Company Name

Street Address

State Postcode

Contact Numbers Business Fax

Email Website

CONTACT PERSON (if desired)

Company Name

Street Address (if different from above)

State Postcode

Contact Numbers Business Fax

Email Website

DECLARATION

I/We **wish to be included** in the 'Find a Master Builder' referral program (this option allows the Master Builders Association of the ACT to have the information on this form publicly available. Information contained in the Membership Application form will remain confidential)

I/We **do not wish to be included** in the 'Find a Master Builder' referral program

Name Signature

Position

Date

Please tick a maximum of 5 boxes

HOUSING AND COMMERCIAL (Licenced builders only)

Res Com

Aged care/retirement facilities

Colonial/Federation homes

Contract homes under \$500,000

Contract homes over \$500,000

Display home - (please provide further information)

Energy efficient dwellings

Education facilities

Extensions and renovations

Factories and Warehouses

Office / Retail Fitout

Health facilities

Heritage Restoration

Kitchens, bathrooms and laundries

Land development

Modifications and construction for special purposes

Multi-storey units Patios, carports, garages, sheds

Project homes

Project management

Property development

Re-blocking, re-stumping and underpinning

Shops and hotels

Sport and recreation

Steel frame construction

Swimming pools

Tilt panel construction

Transportable/Kit homes

Other _____

Other _____

Other _____

PROFESSIONAL SERVICES

Res Com

Accountant

Apprentice hire

Arbitrator/Mediator

Architect

Building consultant

Building inspector/certifier

Building Designer

Construction data

Contract administration

Drafter

Drainage

Plans

Education

Energy efficiency assessor

Engineer - Civil

Engineer - Electrical

Engineer - Fire Safety

Engineer - Mechanical

Engineer - Structural

Financial services

Interior designer

IT/Software provider

Labour hire/Recruitment

Legal services

Project manager

Quantity surveyor

Real estate

Safety training

Surveyor

Town planner

Other _____

TRADE CONTRACTORS (Sub-Contractors)

Res Com

- Air Conditioning
- Alterations, renovations and remodelling
- Asbestos removal
- Bricklaying
- Cabinet making
- Carpentry
- Ceilings
- Cleaning
- Concrete work
- Copper/Zinc cladding systems
- Crane operator
- Damp proofing
- Demolition
- Drainage
- Electrical
- Fencing/Gates
- Fire protection
- Formwork
- Gas
- Glazing
- Grey water
- Hydraulics
- Kitchens, bathrooms and laundries
- Labour hire
- Landscaping
- Lifts
- Metalwork
- Painting
- Patios, carports, verandahs
- Paving
- Pest control
- Plant operator
- Plastering (dry-wall)
- Plumbing
- Pre-cast walling
- Rendering
- Repairs and maintenance
- Retaining walls
- Roof plumbing
- Roof restoration
- Roof tiling
- Rubbish Removal
- Scaffolding
- Security
- Shopfitting
- Signwriting
- Smart wiring
- Stairs/Balustrading
- Steel fixing
- Steel framing
- Stone Masonry
- Swimming pools
- Tiling - floor and wall
- Timber flooring
- Welding
- Window installation
- Other _____
- Other _____

SUPPLIERS

Res Com

- Adhesives
- Air conditioning
- Aluminium
- Asphalt/Bitumen
- Bathrooms and laundries
- Bricks/Blocks/Pavers
- Building supplies
- Cabinets
- Civil Machinery / Servicing
- Concrete and cement
- Cranes and hoists
- Doors & door fittings
- Drainage
- Electrical
- Energy Provider
- Equipment / Machinery hire
- Fasteners
- Fencing
- Fire doors
- Fire extinguishers
- Floor coverings
- Glass/Glazing
- Glass blocks
- Grey Water Recycling
- Gutters/Downpipes
- Hot water systems
- Insulation
- Kitchens
- Laminates
- Lighting
- Machinery/Tools
- Mouldings/Coatings
- Paint/Plasterboard
- Plumbing fixture
- Precast concrete
- Protective coatings
- Roofing
- Safety equipment
- Scaffolding hire
- Security
- Signs
- Shade structures
- Sheds
- Stairs/Balustrades
- Steel framing
- Steel reinforcement
- Stone/Marble
- Tiles
- Timber
- Verandahs/Carports/Patios
- Walling
- Waste water disposal
- Waterproofing
- Whitegoods
- Window treatments
- Windows & window fittings
- Other _____
- Other _____

CIVIL CONTRACTORS

Res Com

- Arterial roads
- Asphalt and bitumen seal
- Carparks

Res Com

- Earthworks, excavation and removal
- Land development
- Other _____