

# Master Builders Membership

## Application Form



TYPE OF MEMBERSHIP:	
<input type="checkbox"/> <b>Builder</b> <input type="checkbox"/> <b>Trade Contractor</b>	<input type="checkbox"/> <b>Non-Voting</b>
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<input type="checkbox"/> Associate <input type="checkbox"/> Property Developer
QBCC Licence no:	<input type="checkbox"/> Site Supervisor/Employee <input type="checkbox"/> Unlicensed Builder
Licence Type:	<input type="checkbox"/> Council <input type="checkbox"/> Unlicensed Trade Contractor
Last FY Turnover:	<input type="checkbox"/> Lecturer <input type="checkbox"/> Cadet/Apprentice (Completion year _____)
Reason for joining <input type="checkbox"/> Technical advice <input type="checkbox"/> Legal <input type="checkbox"/> WR advice <input type="checkbox"/> WH&S <input type="checkbox"/> eDocs/contracts <input type="checkbox"/> Licensing help <input type="checkbox"/> Training <input type="checkbox"/> Networking <input type="checkbox"/> Insurance <input type="checkbox"/> Awards Program <input type="checkbox"/> Other: _____	<input type="checkbox"/> Manufacturer/Supplier <input type="checkbox"/> Other: _____  <input type="checkbox"/> IBC (\$55 per annum)

ACCOUNT PROFILE	
Name (as per QBCC licence if applicable):	
Trading name:	ABN:
Postal Address:	Postcode:
Street address:	Postcode:
Ph:	Email:
Website:	No. of employees:

CONTACTS PROFILE	
<b>Primary membership contact</b>	
Name:	Job title:
Role: <input type="checkbox"/> HR/Employment/Wages <input type="checkbox"/> Staff Training <input type="checkbox"/> Contract & disputes management <input type="checkbox"/> Industrial relations <input type="checkbox"/> Sales Marketing <input type="checkbox"/> WHS <input type="checkbox"/> Technical - Laws/Codes/Regulations <input type="checkbox"/> Business administration <input type="checkbox"/> IT/Phones/Internet <input type="checkbox"/> Finance/Accounting	
Email:	Ph:
<b>Billing contact (Invoice will be sent to this person)</b>	
Name:	Job Title:
Role: <input type="checkbox"/> HR/Employment/Wages <input type="checkbox"/> Staff Training <input type="checkbox"/> Contract & disputes management <input type="checkbox"/> Industrial relations <input type="checkbox"/> Sales Marketing <input type="checkbox"/> WHS <input type="checkbox"/> Technical - Laws/Codes/Regulations <input type="checkbox"/> Business administration <input type="checkbox"/> IT/Phones/Internet <input type="checkbox"/> Finance/Accounting	
Email:	Ph:
<b>Other (Nominee/Director/HR etc)</b>	
Name:	Job Title:
Role: <input type="checkbox"/> HR/Employment/Wages <input type="checkbox"/> Staff Training <input type="checkbox"/> Contract & disputes management <input type="checkbox"/> Industrial relations <input type="checkbox"/> Sales Marketing <input type="checkbox"/> WHS <input type="checkbox"/> Technical - Laws/Codes/Regulations <input type="checkbox"/> Business administration <input type="checkbox"/> IT/Phones/Internet <input type="checkbox"/> Finance/Accounting	
Email:	Ph:
If you need to add additional contacts please include on separate page and include with application	

## MEMBERSHIP SUBSCRIPTION

The annual membership fee is \$	Joining fee \$
The monthly/ annual instalment will commence on the _____ and will be \$ _____ per month/year until written notification is received.	
How would you like to pay? <input type="checkbox"/> Annual amount <input type="checkbox"/> Monthly instalments	
Which account would you like to direct debit from? <input type="checkbox"/> Credit card <input type="checkbox"/> Bank account	
<b>Payment options:</b>	
<input type="checkbox"/> Credit card <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard	Card number:
Name on card:	Expiry date:
Signature:	CVV:
<input type="checkbox"/> Bank account	
BSB:	Account No:
Account type: <input type="checkbox"/> Cheque <input type="checkbox"/> Savings	
Account name:	
Account holders signature:	

## DECLARATION

Have you ever been an influential person (CEO, General Manager, Company Director or Significant Shareholder) of a company that entered into bankruptcy, administration or has had their licence cancelled by the QBCC?  Yes  No

I, the person whose signature appears below on this application warrant that:

- The information provided is true and correct;
- I am an authorised representative of the applicant and have the authority to bind the applicant to this application and the Master Builders Queensland membership agreement;
- If membership is granted, the applicant will be bound by the constitution, Master Builders Queensland Code of Conduct, and any building and construction Code of Practice endorsed by Master Builders Queensland, which is available on our website and by request;
- 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**);
- If paying by the monthly instalment payment option, I agree to pay the full annual amount for Master Builders Queensland membership as nominated in this application form across 12 equal payments on a monthly basis by direct debit from the above nominated account. I understand that monthly instalments cannot be cancelled during the subscription term unless 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 its membership with Master Builders Queensland prior to full payment of the membership fees for the relevant subscription term, I authorise Master Builders Queensland to continue to deduct the balance of the 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 Master Builders Queensland for the relevant subscription term;
- The applicant's subscription will be automatically renewed annually on the anniversary of its joining date and the appropriate payment for the next subscription year will be deducted from the above nominated account on either the monthly instalment basis 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;
- 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 Queensland outlined in the Direct Debit Service Agreement which is available on our website and by request;
- I have received and read a copy of Master Builders Queensland terms and conditions of membership.

Signature:	Name:	Date:
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## PRIVACY

Master Builders Queensland 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 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 [mbqld.com.au](http://mbqld.com.au) or from our offices. You may update or alter your personal communications preferences and contact information at any time by logging in to [mbqld.com.au](http://mbqld.com.au) and selecting 'member login'.

## GUARANTEE AND INDEMNITY

I agree to indemnify Master Builders Queensland 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.

Signature:	Name:	Date:
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**OFFICE USE ONLY**

MDE:	Division:	Class ID:
Member number:		
Notes:		

**MEMBER INFORMATION**

Would you like to know more about  Caltex  Telstra

Would you like to refer a potential new member and save \$250 off your next membership fee?

Name	Business Name	Phone	Opp. added
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**MDE USE ONLY**

Details on cases to be logged: