

# Master Builders Membership

## Application Form



TYPE OF MEMBERSHIP:	
<input type="checkbox"/> <b>Builder</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial QBCC Licence no: Licence Type: Last FY Turnover:	<input type="checkbox"/> <b>Non-Voting</b> <input type="checkbox"/> Building Consultant <input type="checkbox"/> Property Developer <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Unlicensed Builder <input type="checkbox"/> Employee <input type="checkbox"/> Unlicensed Trade Contractor <input type="checkbox"/> Lecturer <input type="checkbox"/> Nominee <input type="checkbox"/> Manufacturer/Supplier <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>Trade Contractor</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial QBCC Licence no: Licence Type:	
Reason for joining:	

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.

How would you like to pay?  Annual amount  Monthly instalments

Which account would you like to direct debit from?  Credit card  Bank account

### Payment options:

Credit card  VISA  Mastercard Card number:

Name on card:

Expiry date:

Signature:

CVV:

Bank account

BSB:

Account No:

Account type:  Cheque  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 on this application warrant that:

- That the information provided is true and correct
- I am an authorised representative of the business
- If membership is granted, the business will be bound by the constitution, Master Builders Queensland Code of Conduct and any building and construction Code of Practice endorsed by the Association, which is available on our website and by request
- 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. I understand that instalments cannot be cancelled throughout the year and I authorise Master Builders Queensland to deduct the balance of my membership fees on a monthly basis for the remainder of the subscription term
- My subscription will be automatically renewed annually on the anniversary of my joining date. In the event that I wish to resign my membership this can only be done a minimum of 4 weeks prior to the anniversary joining date
- If paying by direct debit, I acknowledge having read and understood the terms and conditions governing the debit arrangements between myself and Master Builders Queensland outlined in the service agreement which is available on the website and by request.
- I have received and read a copy of Master Builders Queensland terms and conditions of membership

## 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 from all losses, charges and expenses as a result of the non-payment of any and all monies owing by the applicant.

Signature:

Name:

Date:

## OFFICE USE ONLY

MDE:

Division:

Class ID:

Member number:

Notes:

**MEMBER INFORMATION** Would you like advice from our Insurance team?

Who is your current insurer?

When is your current insurance due for renewal?

 Are you interested in using our contracts via our Edocs system? Do you have a current problem with a contract that you need help with? *(please give detail)* Do you need to purchase or get advice on either a work method statement or a safety plan? Do you need assistance with a licence application? Would you like to hear from someone in IR? ie: regarding wages, conditions, staffing, union issues etc *(please give detail)* Would you like to know more about our Member Benefits program? *(please give detail)* 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"/>

**TRAINING** *(please tick any courses that you'd like more information on)* Asbestos Awareness Waterproofing (4 Days) Test & Tag Business Management Course Cert IV in Building & Construction General Safety Course (White Card) Diploma of Building Diploma of Management Other