



Master Roof Tilers & Slaters Association of NSW Incorporated

PO. Box 228, SEVEN HILL, 1730

Email: rickh@mtssa.com.au

APPLICATION FOR MEMBERSHIP

(incorporated under the *Associations Incorporation Act 1984.*)

To the Executive Officer

I/We hereby make application to your Association for membership as provided for in the Rules of the Constitution.

I/We agree to abide by all Rules, By-Laws and Resolutions of the Association.

I/We also acknowledge that the Association reserves the right to reject any application without an explanation.

FULL NAME OF NOMINEE:

TRADING OR COMPANY NAME: Licence No.

ADDRESS:

PHONE: FAX: MOBILE:

SIGNATURE: DATE: / /
(Representative to sign here in case of a Company or firm)

NAME OF PROPOSER: SIGNATURE: DATE: / /

NAME OF SECONDER: SIGNATURE: DATE: / /

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. How long in the Industry How long in own Business.....
2. First worked with: & after that:
3. Did you serve an apprenticeship: Yes/No.....If Yes who with.....
4. Are you Company/P'Ship/Sole Trader:
5. Do you engage labour: Contract/Hourly/P.W;
6. Main type tiling work..... Do you do repair work:
7. Have you Workers Comp; Pub Risk ... Group Tax; Pres.P.Tax; F.B.T.....
8. Are you a Member of any other Assoc/Union:
9. Any experience Roof Plumbing:Slating/Shingling:Other:
10. Credit References: Acc's with:
11. Please provide five job address references:
 - 1.....
 - 2.....
 - 3.....
 - 4.....
12. Why do you want to join association:
.....
..... Will you attend meetings