

MASTER PAINTERS ASSOCIATION MEMBERSHIP FORM

Name:	
Trading Name:	
Reg Number:	
Business Address:	
Contact:	
Tel Number:	
Mobile Number:	
Email Address:	
Website Address:	
Number of Permanent Employees:	
Average Sub-Contractors Over 12 Month Period:	
Total Years Trading in Industry:	
Time as Contractor (If Different):	
Public Liability Insurance Policy Number:	
Expiry:	
Policy Holder:	
Reference 1:	Company:
	Contact:
	Tel No:
	Email:
Reference 2:	Company:
	Contact:
	Tel No:
	Email:

BUSINESS CATEGORIZATION:

- Member of Master Builders Association
- Have in House Safety Officer
- Insured for Public Liability
- New Work
- Have Own Scaffolding_____pieces
- Minimum Contract Size
- Maximum Contract Size
- Building / Construction
- Spalling Repair
- Waterproofing Light
- Waterproofing Maintenance
- Heat Fused Waterproofing
- House Painting
- Complexes
- High Rises

MANUFACTURER ACCOUNTS:

- Kansai Plascon
- Akzo Nobel Dulux
- PPG Prominent Paints
- Other
- Distributor

Period of longest account held: _____

I/we do hereby make application to join the Master Painters Association of KZN and have read and do agree to abide by the rules, and code of conduct of the Association contained at <http://www.mpasouthafrica.co.za/ethics.php>. Furthermore I undertake to do monthly training on approved MPA South Africa Training Courses upon commencement of new projects. I agree to submit to random site inspections by a third party quality inspector and rectify any findings. This membership will apply for one calendar year and will entitle the Member to membership benefits for that period.

I agree that failure to comply with the above will lead to membership suspension and MPA South Africa maintains the right to exclude suspended members from all activities and advertise a list of suspended members.

Signed: _____

Date: _____

Witness: _____

Date: _____