

# APPLICATION FOR MEMBERSHIP

## Australian Heavy Vehicle Repairers Association



### Motor Traders' Association of NSW Head Office Details

214 Parramatta Road, Burwood NSW 2134, Phone: 02 9016 9000 | Fax: 02 9016 9099

PO Box 715, Burwood NSW 185 | Website: www.mtansw.com.au

ABN 63 000 008 088

Please **PRINT** clearly

1. **TRADING NAME:** .....

2. **LEGAL NAME OF BUSINESS MAKING APPLICATION:** *(Complete either A or B or C)*

**A. SOLE TRADER**

Surname: ..... First Name: .....

**B. PARTNERSHIP:**

Surname: ..... First Name: .....

Surname: ..... First Name: .....

Surname: ..... First Name: .....

**C. CORPORATION**

Full name of Company: .....

Directors *(attach list if insufficient space)*

Surname: ..... First Name: .....

Surname: ..... First Name: .....

Surname: ..... First Name: .....

3. **ADDRESS:** .....

City/Town ..... Post Code: .....

4. **POSTAL ADDRESS:** .....

*(If different from above)* City/Town ..... Post Code: .....

5. **PHONE NUMBER:** ..... **FAX NUMBER:** .....

**MOBILE:** .....

6. **EMAIL ADDRESS:** .....

**WEBSITE ADDRESS:** ..... **ABN:** .....

7. **REFERENCES**

**(a) Business References** *(Preferably MTA Members)*

(i): ..... Phone: .....

Contact: .....

(ii): ..... Phone: .....

Contact: .....

**(b) Finance Company** *(if applicable)*

Company: ..... Phone: .....

8. **FRANCHISES HELD** (if applicable): a) ..... b) .....  
c) ..... d) .....

9. **COMMENCEMENT DATE:** .....  
(Date the business making the application commenced trading)

10. **BUSINESS LICENCES HELD** (Photocopies of licences **MUST** be attached to application):  
Repairers Licence No: ..... Type of Licence: ..... (eg Motor mechanic/Brake etc)  
Tow Truck Operators Licence No: .....  
Registered Business Name: .....  
Authorised Inspection Station: .....

**11. TRADING LOCATIONS**

Branch membership is **STRONGLY RECOMMENDED** for \*separate locations of the same entity. Your extra payment for branch memberships will include an MTA Division sign denoting the specialist Division of your business activities.

\* "Separate Location" in MTA rules is interpreted in the same way as licenses, where "close proximity" is **NOT** considered a separate location. That is where the second address would adjoin the main business address if not separated by a street.

**Name of relevant State Association the business is a member of:**

.....

**Current State Association Membership number:** .....

**BRANCH LOCATIONS**

i) Trading Name: ..... Phone: .....  
Address: ..... Postcode: .....  
Nominated Representative: ..... Email: .....

ii) Trading Name: ..... Phone: .....  
Address: ..... Postcode: .....  
Nominated Representative: ..... Email: .....

12. **GREEN STAMP ENVIROCHECK COMPLETED?** Yes  No

**13. ANNUAL SUBSCRIPTION FEE PAYABLE TO MTA-NSW:**

**Heavy Vehicle Repair Rate: \$1210.00 each (inc. GST)**  
**Branch Subsidiary Rate: \$605.00 each (inc. GST)**  
**Supplier Rate: \$1210.00 each (inc. GST)**

Sub Total .....

\$ ..... **TOTAL**

15. **NOTES/COMMENTS:**.....  
.....  
.....  
.....

*Clause: At the expiration or earlier termination of this agreement, the smash repairer shall remove all references to its status as an Australian Heavy Vehicle Repairer Association member from its premises and from any advertising material.*

**16. DECLARATION**

I/We declare that the answers to the above questions to be true and correct and hereby apply to become a member of the Australian Heavy Vehicle Repairers Association (sub division of Body Repair Division within the Motor Traders' Association of NSW). I agree to be bound by the Constitution and the Rules of the Association, and authorise the entry of my/our name in the Register of Members. I/We hereby appoint ..... to be our firm's nominated representative to whom you are authorised to address all Association communications until advised by me/us in writing to the contrary. I/We declare that my/our nominated representative is a Principal or Proprietor of the firm or Partnership or a Director, Secretary of the company or corporation, or an executive officer of the incorporated body which has applied for membership of the Australian Heavy Vehicle Repairers Association.

**I/WE ACKNOWLEDGE THAT I /WE WILL COMPLY WITH THE MTA CODES OF ETHICS AS APPEARING IN THE ASSOCIATION'S CONSTITUTION AND RULES AS AMENDED FROM TIME TO TIME.**

**I UNDERSTAND THIS APPLICATION IS SUBJECT TO MTA GOVERNING COUNCIL APPROVAL**

*(Name and Signature of Sole Trader, Partners or Directors of the business making application - Please print in BLOCK Letters)*

Name: ..... Signature: ..... Date: .....

Name: ..... Signature: ..... Date: .....

Name: ..... Signature: ..... Date: .....

**OFFICE USE ONLY**

Interim Docket No: ..... District Manager ..... Date Received: ..... / ..... / 20....

**LICENCES VERIFIED**

OFT ..... Sighted: ..... Date: ..... / ..... / ..... Copy attached Yes  No

RTA ..... Sighted: ..... Date: ..... / ..... / ..... Copy attached Yes  No

**Reference Check:** .....

..... Date: ..... / ..... / .....

**Comments:** .....

**MTA DIVISIONS**

**Main** ..... Passed Division ..... Date: .....

**PASSED COUNCIL:**..... Date: .....