



MEMBERSHIP APPLICATION FORM

Business Details

Trading Name:

Legal Entity:

Social Media Accounts:

ABN:

Website:

Postal Address:

Suburb:

P/C:

Site Address:

Suburb:

P/C:

Phone:

Fax:

Do you operate from: Commercial Premises Mobile Other Council Approved Premises

MRB #:

Expiry Date:

Dealer Licence #:

Expiry Date:

Business Structure: Sole Trader Partnership Private Pty Ltd Public Pty Ltd Trust Association Cooperative

Franchise Business: Yes No Franchisor:

No. Employees (excluding business owner - max. 2):

Primary Contact Details

Business Owner: Yes No

Date of Birth:

Title: Dr Mr Mrs Ms Miss

Gender: Male Female

First Name:

Surname:

Job Title:

Mobile Number:

Email Address:

Business Phone:

Secondary Contact Details

Business Owner: Yes No

Date of Birth:

Title: Dr Mr Mrs Ms Miss

Gender: Male Female

First Name:

Surname:

Job Title:

Mobile Number:

Email Address:

Business Phone:

How did you find out about the MTA WA?

Referral from another automotive business

Direct approach from an MTA WA representative

Heard about MTA WA through the media

Already aware of MTA WA and the work they do



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Payment Schedule

Option 1: Monthly Instalments: Bank Account Direct Debit (Via DebitSuccess only) Credit Card (Visa/Mastercard Only) Capricorn No: _____

Option 2: Annual Payment by: EFT Westpac (BSB: 036051 ACC: 962167) Credit Card (Visa/Mastercard Only) Capricorn No: _____

	Number	Unit Cost (ex GST)	Total (inc GST)
Application Fee	1	\$90.00	\$99.00
12 Month Membership Period	1		
Total	-		

Membership Type: Full No. of Employees: _____ Head Office Branch of: _____ Group Associate

Annual Membership Fee: \$ _____

First Instalment: \$ _____ Starting: _____ Rolling Instalments: \$ _____

Credit Card Payment Authorisation (please note MTA WA does not retain credit card details)

Signature: _____ Date: _____

Credit Card No: _____ Expiry: _____

Card Holders Name: _____ CCV: _____

DebitSuccess Authorisation

I have received, read, understood and completed the DebitSuccess direct debit form.

Membership Declaration

I have received, read and understood the Terms and Conditions of Membership for the Motor Trade Association of WA (MTA WA) and I agree to comply and be bound by the Terms and Conditions.

I agree to pay the MTA WA the membership and application fee as outlined in the payment schedule. I agree that payment of this fee shall not constitute acceptance of membership until official acknowledgement is received from the Association. I understand that the Board of Management reserves the right to approve or reject my application without assigning any reasons whatsoever.

I understand that if I wish to terminate membership that it must be done in accordance with the Terms and Conditions of Membership and that any display of the MTA WA logo in all promotional material and signage must be removed.

I understand that as part of my membership that the MTA WA will retain and maintain business and personal information about me and my business through the course of my membership. I agree to this information being shared with third parties where there is a contractual agreement between them and MTA WA.

Authorisation and Agreement

I have read, understand and agree to the membership declaration, Terms and Conditions of Membership and the payment schedule above.

Signature: _____ Date: _____

Full Name: _____

Membership Details (Office Use)

Membership Number:	Territory:
Main Division:	Extra Division/s:
Division Manager:	Area Manager:
Field Representative:	Date Joined:
Confirmation Email Sent:	New Member Pack given to Field Rep to Deliver: