



Application for Industry Apprentice Membership

EMPLOYEE DETAILS

NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE NO: _____ MOBILE NO: _____

EMAIL ADDRESS: _____

APPRENTICESHIP DETAILS

EMPLOYER: _____

COMPANY NAME: _____

LICENSE NUMBER: _____

COMMENCEMENT DATE: _____ COMPLETION DATE: _____



PAYMENT OF FEES

Upon application we will provide you with an invoice of \$100 for yearly membership, once fees are paid your membership will be activated.

Apprentice Signature

Date

Guardian's name (if Apprentice is under 18 years of age)

Guardian's Signature

This form, duly completed should be forwarded to: The Executive Officer
Master Plumbers Association of South Australia Inc
213 Greenhill, Road EASTWOOD SA 5063

Office Use Only

Proposer - Membership Name:

Signature: _____

Date: _____

Secunder - Membership Name:

Signature: _____

Date: _____