



APPLICATION FOR MEMBERSHIP

Motor Traders' Association of New South Wales

43 – 51 Brisbane Street, Darlinghurst NSW 2010
 Locked Bag 5012, Darlinghurst NSW 2010

(02)13 4222 Fax: (02) 9212 6889
 Website: www.mtansw.com.au

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:

Surname: First Name:

3. **ADDRESS:**

City/Town: Post Code:

4. **POSTAL ADDRESS:**

(if different from the 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) c)

b) d)

9. **COMENCEMENT DATE:**

(Date the business making the application commenced trading)

10. BUSINESS LICENSES HELD (Photocopies of licences **MUST** be attached to application) :

Dealers Licence No.: Type of Licence:

Repairers Licence No.: Type of Licence:
(eg Motor mechanic/Brake etc)

Tow Truck Operators Licence No.:

Hire Car Plate No.:

Authorised Inspection Station:

Security Licence No.:

11. INDUSTRIAL INFORMATION:

IMPORTANT: Membership of MTA binds members to engage the majority of their employees under the Federal Vehicle Industry Repair, Services and Retail Award. (Vehicle Sales, Service, Repairs, Parts & Accessories Sales, Petrol Oil, etc.) However, employees in your establishment may fall into the operation of other Federal & State Awards (eg Body Building, Component Manufacturing) as would those members in the Service Associate Category. After your membership is formally accepted, please do not hesitate to contact MTA's Employment Relations Department if necessary for further clarification.

MTA EMPLOYMENT RELATIONS DEPARTMENT USE ONLY

FEDERAL AWARDS

- (i) Vehicle Industry Repair, Services & Retail Award
- (ii) Vehicle Industry Award - Manufacturing of Vehicle Parts, Vehicle Body Building etc.

NSW STATE AWARDS

- (i) Clerks' Award (not including record keepers)
- (ii) Clerks' Hire Car & Taxis Award

OTHER AWARDS REQUIRED

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INTERSTATE WAGE RATE INFORMATION REQUIRED? Yes No

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12. 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 the Motor Dealers Act and M.V.R.I.A. 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).

Please indicate branch locations of the business making application. **Employees of all branches memberships** must be included in the total employee numbers used when calculating the appropriate main membership subscription fee.

Please attach a list of separate branch locations including trade name, address, post code, phone, Email and nominated representative and/or indicate branch Division requirements on next page.

13. MTA DIVISIONS

- (a) Which one of the following MTA Divisions best describes your **main** business activity? Please mark ONE MAIN TRADE DIVISION as (1). Indicate any Branch Memberships required with an X.
- (b) Membership of other Divisions is available (where applicable) at a reduced additional Branch membership cost.
- (c) If your main business activity is not shown below, please mark (1) next to the General Trades Division.

	MAIN TRADE DIVISION	BRANCH
Australian Automotive Dealers Association (NSW) Division		
New Car Sales	<input type="checkbox"/>	<input type="checkbox"/>
New Truck Sales	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Transmission & Rebuilders Division	<input type="checkbox"/>	<input type="checkbox"/>
Automotive & Marine Trimmers Division	<input type="checkbox"/>	<input type="checkbox"/>
Automotive Electrical Specialists Division	<input type="checkbox"/>	<input type="checkbox"/>
Automotive Mechanical Repair Division	<input type="checkbox"/>	<input type="checkbox"/>
Auto Dismantlers Division*	<input type="checkbox"/>	<input type="checkbox"/>
Body Repair Division	<input type="checkbox"/>	<input type="checkbox"/>
Brake & Clutch Division	<input type="checkbox"/>	<input type="checkbox"/>
Caravan Dealer Division	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Vehicle Industry Association Division	<input type="checkbox"/>	<input type="checkbox"/>
Engine Reconditioners Division	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Systems Specialists Division	<input type="checkbox"/>	<input type="checkbox"/>
Farm Machinery Dealers Division	<input type="checkbox"/>	<input type="checkbox"/>
General Trades Division	<input type="checkbox"/>	<input type="checkbox"/>
Hire Car Division	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Used Car Dealer Division*	<input type="checkbox"/>	<input type="checkbox"/>
Motor Bus Division	<input type="checkbox"/>	<input type="checkbox"/>
Motor Cycle Industry Association	<input type="checkbox"/>	<input type="checkbox"/>
Parts & Accessories Division	<input type="checkbox"/>	<input type="checkbox"/>
Radiator Repair Specialists Division	<input type="checkbox"/>	<input type="checkbox"/>
Rental Vehicle Division	<input type="checkbox"/>	<input type="checkbox"/>
Rust Proofing Specialists Division	<input type="checkbox"/>	<input type="checkbox"/>
Steering & Suspension Specialists Division	<input type="checkbox"/>	<input type="checkbox"/>
Tow Truck Operators Division	<input type="checkbox"/>	<input type="checkbox"/>
Tyre Dealers & Retreaders Division	<input type="checkbox"/>	<input type="checkbox"/>

*Note: These Divisions also require a separate Division Questionnaire to be completed.

BRANCH LOCATIONS

(i) Trade Name Phone:
 Address: Post Code
 Nominated Representative: Email:

(ii) Trade Name Phone:
 Address: Post Code
 Nominated Representative: Email:

14. TOTAL NUMBER OF WORKING PROPRIETORS AND EMPLOYEES

	A Main	B Branch	C Branch	D Branch	E Branch	
Working Proprietors						
Weekly Employees						
Casual Employees						
Part-time Employees						
Clerical						
Apprentices						
Trainees						TOTAL
Total (this number used to calculate subscription fee due)						

NOTE: MTA does not make provision for contractors on this application - they must apply for separate membership.

15. MTA ANNUAL SUBSCRIPTION FEE PAYABLE

Main Division Base Rate

No of Staff @ each =

No of Branch Locations @ each =

Sub Total

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

16. NOTES/COMMENTS

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17. DECLARATION

I/We declare that the answers to the above questions are true and correct and hereby apply to become a member of the Motor Traders' Association of New South Wales. I/We 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 to the contrary. I/We declare that my/our nominated representative is a Principal or a 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 Motor Traders' Association of New South Wales.

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

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: / / 200 Service Association Member? Yes/No

LICENCES VERIFIED

OFT: Sighted: Date: / / 200 Copy attached Yes No
MVRIA Sighted: Date: / / 200 Copy attached Yes No
RTA: Sighted: Date: / / 200 Copy attached Yes No

Reference Check:
Date: / / 200

COMMENTS:

MTA DIVISIONS

Main Passed Division Date:
Branch Passed Division Date:
Branch Passed Division Date:
Branch Passed Division Date:
PASSED COUNCIL: Date: