

MEMBERSHIP REQUEST

Application for Replacement Membership Cards

Membership Number:

Authorised Representative (Full Name):

Business Name:

Trading Name:

Postal Address:

Suburb:

Postcode:

Number of replacement cards required (\$11.00 inc. GST per card):

Names (one name per card):

Please Note: Replacement or additional cards cannot be issued unless prior payment is received.

Payment method

Cheque (Please make all cheques payable to Master Builders Association of Victoria)

Credit Card

VISA

MASTERCARD

Card Holder:

Expiry Date: /

Credit Card Number:

Return orders with payment to:

Membership Services - Master Builders
332 Albert Street
East Melbourne, VIC 3002

Email: membershipadmin@mbav.com.au

Fax: (03) 9416 2239