



Democratic Labour Party

QUEENSLAND

For Families For Workers For Life



APPLICATION FOR NEW MEMBERSHIP/ANNUAL RENEWAL

DLP Queensland Secretary: qldsec@dlp.org.au

Post to: P O. Box 3086, Chermside West, Qld, 4032

Membership Applicant 1:

Family Name _____

Date of Birth ____/____/____

Given Name(s) _____

Mr/Mrs/Miss/Ms/Other _____

Preferred Name: _____

Street address _____

Suburb/City _____

State _____ P/Code _____

Telephone _____

Email _____

Mobile _____

Postal Address (if different from residential)

Postal address _____

Suburb/City _____

State _____ P/Code _____

MEMBERSHIP DECLARATION

(please circle YES or NO)

I have been a member of another political party **in the past two years** YES / NO

I am an **Australian citizen** YES / NO

I am a **permanent resident** YES / NO

I agree to **abide by the Constitution and Rules** of the Democratic Labour Party (DLP) of Australia YES / NO

I have read the **Core Principles** of the Democratic Labour Party (DLP) of Australia - Queensland Branch YES / NO

Membership Applicant 2 (if applicable):

Family Name _____

Date of Birth ____/____/____

Given Name(s) _____

Mr/Mrs/Miss/Ms/Other _____

Preferred Name: _____

Street address _____

Suburb/City _____

State _____ P/Code _____

Telephone _____

Email _____

Mobile _____

Postal Address (if different from residential)

Postal address _____

Suburb/City _____

State _____ P/Code _____

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I have read the **Core Principles** of the Democratic Labour Party (DLP) of Australia - Queensland Branch YES / NO

MEMBERSHIP TYPE - Please tick one of these two membership categories:

Individual (\$20)

☐

Couples (\$30)

☐

DONATION:

Please tick if you wish to make a donation to the Queensland DLP for its various campaigns:

☐

Donation Amount: _____

PAYMENT METHOD - Please tick one of the following four methods of payment:

Money Order

☐

Cheque

☐

Cash

☐

I have made a Direct Deposit into the DLP Qld Branch account: CBA 064-179 A/c 1021 9603

☐

Payment date: _____ (Please include on the deposit form your name or initials)

Signature - Applicant 1: _____ Date: _____

Signature - Applicant 2: _____ Date: _____