

Application for Membership

All details are to be as on the Electoral Register and are required by the W.A. Electoral Commission.

Please print.

Details

Family Name:									
Given Name(s):									
Date of Birth:/	Email:								
Phone: (08) Mobile:									
Street address:									
Suburb/City:	State: P/Code:								
Postal address (if different):									
	Membership Type								
Full membership - \$20 annual fee	☐ Supporting membership - no annual fee ☐								
М	embership Declaration								
Have you been a member of another _l	political party? Yes \square No \square								
If yes, please advise which party									
If yes, when did you resign from the p	party								
	Confirmation								
Signature:	Date:								

Please return this form to: DLP Secretary PO Box 1119 Willagee WA 6156

Or email an electronic copy to: wasec@dlp.org.au

Direct Debit Available

Democratic Labour Party WA Branch BSB Number: 806-015

Account Number: 01899274

Please put your name to the payment

Please turn over and complete the following page



STATEMENT OF PARTY MEMBERSHIP

Party Name										
Surname	Please print					Date of Birth	1	1		
Given names	Show given names in full									
Residential Address										
City/suburb				State		Postcode				
Telephone (W) ()	()		ne (H)	()	Facsimile	()			
Declaration										
I wish to CONFIRM I am a member of the above party.										
2. I consent to this form being forwarded to the Western Australian Electoral Commission in support of the party's application for registration. (Strike out if not applicable. See note below.)										
3. I declare that all the information I have given on this form is true and complete.										
						1	/			
	Signature					Date				
0.9										
								1		
Please note regarding point 2 above: A copy of this form may be forwarded to the Western Australian Electoral Commission to confirm that the party meets the party registration requirements. The WAEC conducts random surveys to verify membership and it is possible that you may be asked to confirm that you signed this form. Information on the form will be treated by the WAEC in strictest confidence. It will only be used to verify the party's entitlement to registration and for no other purpose.										
								'		
Declaration of Secretary I certify that the above named person is a party member and the above details are correct.										
						/	/			
Signature of Secretary					Date					