



Democratic Labour Party

South Australian Branch



APPLICATION FOR MEMBERSHIP

Send completed membership forms to the Democratic Labour Party SA Division - PO Box 736, Noarlunga Centre, SA, 5168. Email digital copies to democraticlabourpartysa@gmail.com.

Full Name (as registered) _____

Street address _____

Suburb/City _____ P/code _____

Postal address _____

Date of Birth ___/___/___ Email _____

Phone (08) _____ Mobile _____

If you have been a member of another political party in the last 2 years please advise when you resigned. _____

I declare that I am eligible to vote in Federal elections and I agree to abide by the Constitution and Rules of the Democratic Labour Party.

Signature _____ Date _____

Membership Declaration

For the Electoral Commission of South Australia

I, (full name).....;

of (enrolled address)

declare that I am a member of the **Democratic Labour Party**

Signed Date