



# Democratic Labour Party

## QUEENSLAND

For Families For Workers For Life



### APPLICATION FOR NEW MEMBERSHIP/ANNUAL RENEWAL

Email to: Membership Officer: dlpqmembership@gmail.com

Post to: P.O. Box 44, Deception Bay, Qld, 4508

#### Membership Applicant 1:

Mr/Mrs/Miss/Ms/Other \_\_\_\_\_

Family Name \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street address \_\_\_\_\_

Suburb/City \_\_\_\_\_

State \_\_\_\_\_ P/Code \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Postal Address (if different from residential)

Postal address \_\_\_\_\_

Suburb/City \_\_\_\_\_

State \_\_\_\_\_ P/Code \_\_\_\_\_

#### **MEMBERSHIP DECLARATION** (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 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):

Mr/Mrs/Miss/Ms/Other \_\_\_\_\_

Family Name \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street address \_\_\_\_\_

Suburb/City \_\_\_\_\_

State \_\_\_\_\_ P/Code \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

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Suburb/City \_\_\_\_\_

State \_\_\_\_\_ P/Code \_\_\_\_\_

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#### **MEMBERSHIP TYPE:** Please tick one of these three membership categories:

**Individual Financial Membership** (\$20) ☐

**Couples Financial Membership** (\$30) ☐

(note: Financial membership assists the DLP with State and Federal registration and entitles members to nominate for a position on Local, State or Federal Branches and to be a delegate to State or Federal Conferences)

**Supporter Membership** (Free) ☐

(Supporter membership also assists the DLP with State and Federal registration and entitles members to participate in various social activities of the Party and to spread the policies of the Party amongst their family and friends and in their community)

**DONATION:** Please tick if you wish to make a donation to the Qld DLP for its various campaigns: ☐

Donation Amount: \_\_\_\_\_

#### **PAYMENT METHOD – if applicable:** 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: \_\_\_\_\_ Applicant 2: \_\_\_\_\_ **Date:** \_\_\_\_\_