

ALP (SA Branch) Membership Application

Your membership must be approved by the Credentials Committee, in accordance with ALP Rules.

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS.

TITLE Mr Mrs Ms Dr Other

GIVEN NAMES

SURNAME

PREFERRED NAME

RESIDENTIAL ADDRESS

The Street Address where you are enrolled with the Australian Electoral Commission.

POSTAL ADDRESS

PHONE (Home)

PHONE (Work)

MOBILE

FAX

EMAIL

OCCUPATION

UNION

A person applying for membership must be a member of a union, if eligible.

DATE OF BIRTH Male Female
(Compulsory)

Have you been a member of another political party? Yes No
If yes: Which party? What year(s)?
(include year resigned)

Have you been a candidate at a Federal or State level?
 Yes No Year

Are you under 18 years of age? Yes No

Are you an Australian citizen? Yes No

Are you Aboriginal? Yes No

PLEDGE

I hereby apply to join the Australian Labor Party (SA Branch). I agree to be bound by the Objectives, Federal and State Platforms and the rules of the Australian Labor Party. I also agree to be bound by decisions of the State Executive taken in accordance with these rules. I declare that this information is true and accurate and that I am enrolled at the address above with the Australian Electoral Commission.

SIGNATURE OF APPLICANT

DATE SIGNED BY APPLICANT

Membership Fees 1 July 2015 - 30 June 2016

1. Membership (concessional) \$22 one year \$66 three years
Please complete this section. Evidence may be required.

Pensioner Health care cardholder Full-time student
 Unemployed Home duties

2. Membership (union discount) \$44 one year \$132 three years
People that are financial members of a union.

3. Membership \$55 one year \$165 three years
People not eligible for union membership

PAYMENT *All fees and purchases include GST*

My 2015/2016 membership fee is \$

Rule Book \$20 \$

Donation
 \$20 \$50 \$100 Other \$

Total payment \$

- Send me details of the automatic membership renewal system.
 I would like information on making a bequest.
 I would like information on the True Believers Fund.

PAYMENT OPTIONS

Cash Cheque Credit Card Money order

I enclose a cheque, payable to the ALP (SA Branch) or

Charge the amount of \$ to Mastercard Visa

Card No

Cardholder's Name

Expiry Date Signature

PARTY OFFICE USE ONLY

DATE RECEIVED MEMBER #

IDENTIFICATION

AGENT
(e.g. S.A. Branch Official, Union Secretary, MP)

SUB-BRANCH

FEC

NOTES:

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