Lapsed Member Re-Join Form

Liberal Party of Australia (Western Australian Division) Inc.

Please send this form and payment to:
Phone: 08 6436 3300
Fax: 08 6436 3399
Email: membership@wa.liberal.org.au
Post: PO Box 49, WEST PERTH WA 6872

1. Update Your Personal Details

Member 1
given name/s | title
surname

Member 2 (if applicable)
given name/s | title
surname

Residential Address (PO Box not acceptable)
postcode

Postal Address (If different to residential)
postcode

	Member 1	Member 2
Birth Date	/ /	/ /
Phone		
Mobile		
Email	Member 1	
	Member 2	

If you are a pension card holder, veteran, or full time student, you are eligible for concession membership. Please indicate your concession card number/s below.

Member 1 Concession No.

Member 2 Concession No.

2. Party Membership

What Branch and Division were you in?

Branch

Division

Rejoin the same Branch and Division? ○ Yes ○ No

or

Join different Branch and Division?

Branch

Division

3A. Standard Payment - Cash, Cheque or Credit Card

- ○ 1 Year $25pp
- ○ 2 Years $50pp
- ○ 3 Years $75pp
- ○ 1 Year Concession $10pp
- ○ 2 Years Concession $20pp
- ○ 3 Years Concession $30pp

✓ Plus, to support the Party, my donation of $

○ My cash/cheque/money order is enclosed

○ Pay by credit card

○ Mastercard ○ Visa ○ Amex Exp.

Name on Card

3B. Auto Annual Payment From My Bank Account

○ Each year, please deduct 1 year's membership (per person) plus a donation of $ from my bank account

Account holder

BSB number

Account number

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and the Liberal Party of Australia (WA Division) Inc as set out in our Direct Debit Request Service Agreement available at www.wa.liberal.org.au/ddagreement.

Signature / / Date

4. Agreement

I/We re-apply for Membership of the Liberal Party of Australia (Western Australian Division) Inc. and agree to abide by the Constitution and Rules of the Party.

Signature 1 / / Date

Signature 2 / / Date

Signature only required if payment is other than a credit card in members or members spouse name.

If no signature obtained, credit card details collected by:_____ Division:_____