



LIBERAL PARTY OF AUSTRALIA (WA DIVISION) INC MEMBERSHIP TRANSFER FORM

Name: _____

Address: _____

Telephone No: _____

Email: _____

I would like to transfer my membership from:

WRITE CURRENT BRANCH HERE

Branch

to

WRITE NEW BRANCH HERE

Branch

Signed: _____

Date: _____

Send this form to: State Director, Liberal Party of Western Australia, PO Box 49, West Perth, WA 6872