

Membership Transfer Form

LIBERAL PARTY OF AUSTRALIA (WA DIVISION) INC.



STEP 1. UPDATE YOUR DETAILS

Name:		Membership Number:
Residential Address:		
Postal Address:		
Email Address:	Mobile:	Home Phone:

STEP 2. TRANSFER DETAILS

I WOULD LIKE TO TRANSFER MY MEMBERSHIP FROM:

WRITE CURRENT BRANCH HERE

BRANCH

TO

WRITE NEW BRANCH HERE

BRANCH

STEP 3. MEMBERSHIP AGREEMENT

I declare that the information provided above is correct to the best of my knowledge and belief and I agree to abide by the Constitution and Rules of the Liberal Party of Australia (WA Division).

Signature:	Date:
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SUBMITTING YOUR TRANSFER

Please deliver this Transfer Form by mail, fax, email or in person.

Mail: PO Box 49, West Perth WA 6872 | **Office:** Suite 2, 12 Parliament Place, West Perth WA 6005

Phone: (08) 6436 3300 | **Fax:** (08) 6436 3399 | **Web:** www.waliberal.org.au | **Email:** membership@waliberal.org.au