

# 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, 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 | **Web:** [www.waliberal.org.au](http://www.waliberal.org.au) | **Email:** [membership@waliberal.org.au](mailto:membership@waliberal.org.au)