

Lapsed Member Re-Join



STEP 1. UPDATE YOUR DETAILS

Name:		Membership Number:
Residential Address:		
Postal Address:		
Email Address:	Mobile:	Home Phone:
Date of Birth:	Concession Number:	*If you are a pension card holder, veteran, or full time student, you are eligible for concession membership. Please provide your concession number, otherwise you will be charged standard membership.

STEP 2. PARTY MEMBERSHIP

Have you ever been a member of another political party? No Yes Which political party: _____

If you have a preferred branch or division please indicate below:

Branch: _____ Division: _____

STEP 3. MEMBERSHIP OPTIONS

	1 Year Renewal	2 Years Renewal	3 Years Renewal
Silver Membership	\$300	Silver Membership includes registration for each State Council meeting.	
Standard Membership	\$50	\$100	\$150
Concessional Membership*	\$25	\$50	\$75

SAVE TIME

AUTOMATIC RENEWAL

Tick this box if you would like to save time by automatically renewing your membership each year.¹

STEP 4. DONATION (optional)

I would like to make a donation of: \$ _____

Please tick if you would like to make this a recurring monthly donation.¹

STEP 5. PAYMENT OPTIONS

CREDIT CARD: I authorise the Liberal Party of Australia (WA Division) to debit my _____ for the amount authorised by me above.



VISA



Credit Card Number: _____

Card Expiry Date: _____

Cardholder's Name: _____
(as it appears on the card)

CASH OR PERSONAL CHEQUE ENCLOSED: The Liberal Party of Australia (WA Division)

STEP 6. PAYMENT DECLARATION

YOU MUST SELECT ONE

- This payment is for my own membership
- This payment is for a joint membership, which includes my spouse
- This payment is for an immediate family member (e.g. child or parent)
- I am making this payment on behalf of another person:
What is your relationship? _____

STEP 7. 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: _____

Please deliver this Re-Join Form together with your membership fee by mail, email or in person. Mail: PO Box 49, West Perth WA 6872 | **Office:** Suite 2, 12 Parliament Place, West Perth WA 6005 | **Email:** membership@waliberal.org.au

¹**DIRECT DEBIT AGREEMENT:** 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.waliberal.org.au/ddagreement