New Membership Application

JOIN ONLINE BY VISITING WWW.WALIBERAL.ORG.AU/JOIN



STEP 1. PERSONAL D	DETAILS	STEP 2. PARTY MEMBERSHIP			
Member 1		Have you ever been a member of the WA Liberal Par	i cy .	If you have a preferred branch or division please indicate below, otherwise just leave blank to join your local branch.	
Given Name/s:	Title:	No Yes, which branch?	,		
Surname:		Have you ever been a member of another political pa		Branch:	
Date of Birth:		No Yes, which party?	Division:		
Email Address:		STEP 3A. AUTOMATIC ANNUAL RENEWAL	STEP 3B. M	STEP 3B. MANUAL RENEWAL	
Mobile:	Concession Number:	Standard \$50pp Concession \$25pp	1 year \$50	pp 1 year Concession \$25 pp	
Member 2		Silver \$300 Silver Membership includes registration for each S	State Council meeting. 2 year \$10	0 pp 2 year Concession \$50 pp	
Given Name/s:	Title:	ANNUAL DIRECT DEBIT FROM MY CREDIT CAR	3 year \$150	0 pp 3 year Concession \$75 pp	
		VISA AMEX	1 year Silve	1 year Silver \$300 pp	
Surname:		Credit Card	ONE-OFF	ONE-OFF PAYMENT FROM MY CREDIT CARD	
Date of Birth:		Number:		VISA	
		Cardholder's Card Expiry Name: Date	Credit Card	_	
Email Address:		Name: Date:	Number:		
Mobile:	Concession	Plus, an annual donation to my branch of \$	Cardholder's Name:	Card Expiry Date:	
Number:		DIRECT DEBIT AGREEMENT	PAY BY (PAY BY CASH OR CHEQUE Cheques & Money Orders payable to 'Liberal Party of Australia (WA Division) Inc' Plus, an annual donation to my branch of \$	
Address Details		By signing and/or providing us with a valid instruction in respect to your Direct D have understood and agreed to the terms and conditions governing the debit an you and the Liberal Party of Australia (WA Division) Inc as set out in our Direct D Agreement available at www.waliberal.org.au/ddagreement	rrangements between Cheques & Mo		
Residential Address: (PO Box not acceptable)		STEP 4. PAYMENT DECLARATION	STEP 5. ME	MBERSHIP AGREEMENT	
	Postcode:	YOU MUST SELECT ONE		I/We agree to abide by <u>The Constitution and Rules</u> of the Libera	
		This payment is for my own membership	_	tralia (WA Division) Inc and the Liberal Party's	
Postal Address: (If different to residential)		This payment is for a joint membership, which includes r	my spouse <u>National Code</u>	of Conduct.	
(if different to residential)	Postcode:	This payment is for an immediate family member (e.g. child or parent)	Signature:	Date:	
		I am making this payment on behalf of another person:	Signature:	Date:	
		What is your relationship?			
	der, veteran, or full time student, you				
	ership. Please provide your concessic will be charged the standard membe	ershin		DO D. 40 WEST DEDTUWA 5070	

membership@waliberal.org.au or Membership Unit, Liberal Party of Western Australia, PO Box 49, WEST PERTH WA 6872