



Associate Membership Application

I hereby apply for Associate membership of the Australian Democrats (WA Division). I agree to abide by the Constitutions of the Australian Democrats (WA Division), and declare that I am not a member of another political party.

Title	First Name	Middle Name(s)	Family Name
Street Address		Suburb/Town	Post Code
Mailing Address (if different from above)		Suburb/Town	Post Code
Home Telephone Number ()		Work Telephone Number ()	
Date of Birth	Mobile Number	Email Address	
Please sign here:			Date
Have you previously been a member of this Party? ? Yes ? No			
Member referred by (if applicable):			

- Post. Please join me to the Party for five (5) years of Associate Membership for \$5.00 and note my attached payment.
Cheques payable to
Australian Democrats (WA Division)

- Donations up to \$1500 are deductible.

- Bank transfer. Use your name as the ID
BSB: 036 051 Account: 112314
Please post or scan and email form to
membership@democrats.org.au

FEES WAIVED

Return with payment to:

**Membership Officer
Australian Democrats
14 Silver Place
CARINE WA 6020**

THIS SECTION FOR OFFICE USE ONLY

Membership Number: _____ Financial Until: _____

Federal Electorate: _____ State Electorate: _____ Local Government: _____

Checked Electoral Roll: ____ / ____ / ____