

# Democratic Labour Party

GPO Box 1402 MELBOURNE. VIC 3001



## APPLICATION FOR MEMBERSHIP

### First Applicant

Mr/Mrs/Ms/Other \_\_\_\_\_ Family Name \_\_\_\_\_

Given Name(s) \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/19\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

### Second Applicant (if any)

Mr/Mrs/Ms/Other \_\_\_\_\_ Family Name \_\_\_\_\_

Given Name(s) \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/19\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

### Residential Address

Street address \_\_\_\_\_

Suburb/City \_\_\_\_\_ State \_\_\_\_\_ P/Code \_\_\_\_\_

### Postal Address (if different from residential)

Street address \_\_\_\_\_

Suburb/City \_\_\_\_\_ State \_\_\_\_\_ P/Code \_\_\_\_\_

### Membership Type (Please Tick one)

Individual membership \$20  Couples \$40  Supporting membership

Supporting Members are non-voting members who support the DLP for Electoral Commission registration purposes. As such they may make tax deductible voluntary donations but have no voting rights at State Conference.

### Payment Method

Cheque  Money Order  MasterCard  Visa

Card Number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry \_\_/\_\_

Name of Cardholder \_\_\_\_\_ Amount \$ \_\_\_\_\_

### Membership Declaration

	Yes	No
Applicant 1 - Have you been a member of another political party in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please advise which party _____ & date you resigned _____		

Applicant 2 - Have you been a member of another political party in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please advise which party _____ & date you resigned _____		

We, the undersigned, state that:

- We are not currently members of another political party; and
- We are eligible to vote in Federal and State elections; and
- We agree to abide by the Constitution and Rules of the Democratic Labour Party.

First Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Second Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_