

Application for Party Membership

Party Name

CARERS ALLIANCE

(Applicants details please print clearly)

Surname

Christian names

Residential address

Postcode

Phone number (home)

Phone number (work)

Fax number

Email

Birth Date (dd/mm/yyyy)

Declaration

I wish to become a member of the above political party.

I am eligible to enrol for Federal elections i.e. I am 17 years of age or older, am an Australian citizen (or a British citizen who was on the Australian Electoral roll on 25 January 1984) and have lived at the above address for at least one month.

I consent for this form being forwarded to the Australian Electoral Commission in support of the party's application for registration as a political party.

I declare the information I have given on this form is true and complete.

Signature

Date

This form may be forwarded to the Australian Electoral Commission to confirm that the party meets the registration requirements. The AEC may contact you to confirm that you are a party member and that you have signed this form. The AEC may enter the details on the form into a data base for cross-checking purposes, and will return the form to the party. This information will be treated as confidential by the A-----

Party use only

This is the annexure marked

(annexure number)

Referred to in the statutory declaration sworn by me

(name of party secretary)

On the

day of

2010

Signature (person making declaration)

Signature witnessing declaration

*Please post completed membership forms to Carers Alliance, 5 Northcote Rd, Glebe, NSW 2037