

APPLICATION FOR PARTY MEMBERSHIP



Surname: _____

Given name(s): _____

Residential address (as enrolled): _____

Postcode: _____

Postal address (if different): _____

Postcode: _____

Email address: _____

Daytime telephone: _____

Mobile: _____

Date of birth (dd/mm/yyyy): / / Sex: ☐ Male ☐ Female

Declaration:

I wish to become a member of the Australian Sex Party.

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

I consent to this form being forwarded to the Australian Electoral Commission in support of the party's application for registration as a political party (delete if not applicable).

I declare that 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 this form into a database for cross-checking purposes, and will return the form to the party. The information will be treated as confidential by the AEC.

Payment:

<input type="checkbox"/> Non-Voting Member <i>(May attend meetings but not vote)</i>	\$ 10 per year
<input type="checkbox"/> Voting Member — <i>short of cash</i>	\$ 20 per year
<input type="checkbox"/> Voting Member — <i>doing ok</i>	\$ 50 per year
<input type="checkbox"/> Voting Member — <i>doing well</i>	\$ 100 per year
Donation	\$
Total payment	\$

Payment method:

☐ Cheque / Money Order ☐ Visa ☐ Mastercard ☐ Amex

Cardholder name: _____

Card number: _____

Expiry date: _____

Signature: _____

Please make cheques and money orders payable to Australian Sex Party.

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 _____ 20____

Signature
(person making declaration)

Signature
(person witnessing declaration)

Please fax completed application form to: 02 6282 1499 or mail to:
AUSTRALIAN SEX PARTY • PO BOX 69 DEAKIN WEST ACT 2600

www.sexparty.org.au