



THE TERRITORY PARTY

MEMBERSHIP FORM

Join the Country Liberals!

Date of Application

___/___/___

I / we wish to apply to join/renew the _____ Branch of the Country Liberals. Select applicable membership (Proof of concession status may be requested)

<input type="checkbox"/> \$120 Single	<input type="checkbox"/> \$20 Pensioner
<input type="checkbox"/> \$200 Joint Membership	<input type="checkbox"/> \$20 Fulltime Student
<input type="checkbox"/> \$20 Youth	<input type="checkbox"/> \$1500 Financial Life Membership

Please confirm your details

Applicant Name: _____

Date of Birth: ___/___/___

Partner's Name*: _____

Date of Birth*: ___/___/___ *if applicable

Residential Address: _____

Postal Address: _____

Phone Number: _____ Mobile Number: _____

Work Number: _____ Fax Number: _____

Occupation: _____

Email Address: _____

Length of Residency: _____

in the NT

Have you ever been a member(s) of another Political Party? Yes No

If yes, please provide details: _____

Length of Residency: _____

Signature of Applicant: _____ Signature of Partner*: *if applicable _____

Name of Proposer: _____ Name of Proposer: _____

Signature of Proposer: _____ Signature of Proposer: _____

Date: ___/___/___ Date: ___/___/___

CONTINUE OVER PAGE

Payment Details

Amount Enclosed

Payment Type

Cash

Cheque

Mastercard / Visa

Cardholder Name

Card Number / /

Expiry Date /

CCV

Signature

Direct Deposit Payment Details:

Account Name: General Account

BSB: 035 302

Account: 692 313

Return your membership form to...

Post: PO Box 4194, Darwin NT 0810

Email: territorydirector@countryliberals.org.au

Facsimile: 08 8948 0656

In Person: 2/229 McMillans Road, Jingili NT 0810

Someone from the Country Liberal Party will be in contact shortly to guide you through the membership process.

Thank you for applying to join The Territory Party.

OFFICE USE ONLY

BRANCH TO COMPLETE

Date Received by Branch: ___/___/___

Approved: Yes No

Name of Branch Chair / Secretary:

Signature of Branch Chair / Secretary:

Select: Chair Secretary

Date: ___/___/___

SECRETARIAT TO COMPLETE

Receipt Number: _____

Receipt Date: ___/___/___

Member Entered: ___/___/___

Kit Sent: ___/___/___

Officers Advised: ___/___/___

Commences: ___/___/___