

# Australian COUNTRY PARTY

By applying for membership to Australian Country Party, you are agreeing to abide by our rules of membership and constitution. As a registered political party, we are required to periodically submit our membership data to both the AEC (Australian Electoral Commission) and State and Territory Electoral Commissions. You can help us to maintain correct records by filling out all required fields on this form, and notifying us of any change in contact/address details as soon as possible.

## *“The Country Party for Country People”*

If you care for the country, and the communities within, enjoy recreation and maintaining free access to public land, small business and farming, then Australian Country Party, is the party for you!

All fields marked with ( \* ) **MUST** be completed. Please use a BLUE or BLACK pen only, and BLOCK LETTERS.

Title: (please circle) Dr / Mr / Mrs / Ms / Miss

\*Surname: ..... \*Given Name/s:.....

\*Date of Birth: ...../...../..... \*Sex: M / F (please circle)  
DD MM YYYY

\*Residential Address: (as shown on Electoral Role)

\*Unit/Street No:..... \*Street Name:.....

\*Suburb:..... \*State: ..... \*Postcode:.....

Postal Address: (if different from above):

.....

..... State:..... Postcode: .....

For valid membership, we require at least **one** contact telephone number.

\*Ph (H): ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ Ph (B): ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \*Mob: \_ \_ \_ - \_ \_ \_ - \_ \_ \_

Email: \_ \_ \_ \_ \_ @ \_ \_ \_ \_ \_

\*Are you registered on the **State & Federal** Electoral Rolls?  Yes  No

\*Are you a member of another registered political party?  Yes  No

\*Have you been a member of another registered political party in the last 12 months?  Yes  No

By ticking **NO**, you agree you are **NOT** a member of another political party.  
By ticking **NO**, you agree you **HAVE NOT** been a member of another political party in the last 12 months.

Payment information on next page.

\*Signature: ..... Date: ...../...../.....  
DD MM YYYY

By becoming a member, you agree to abide by the bylaws and constitution of the Australian Country Party and its State and Territory Branches.

Membership:  1 YEAR - \$20.00  4 YEARS - \$60.00

Junior M/ship (16 - 17 yrs):  1 YEAR - \$5.00

And/or Donation: \$.....

Enclosed is payment for the amount of \$.....

*All cheques are to be made payable to "Australian Country Party"*

Cheque  Money Order  Mastercard  Visa

American Express and Diners not accepted

Card Number     -     -     -

Name on card:.....

Expiry Date:   /     CCV:     
MM YYYY

Signature: ..... Date: ...../...../.....  
DD MM YYYY

**POST THIS FORM, WITH PAYMENT TO:**  
Membership Officer  
PO Box 108  
Golden Square  
Vic 3555

**Or**

**SCAN AND EMAIL THIS FORM TO:**  
[membership@countryparty.org.au](mailto:membership@countryparty.org.au)  
Fax: 03 8676 1980

*countryparty.org.au*