

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? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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. |
| *Are you a member of another registered political party? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| *Have you been a member of another registered political party in the last 12 months? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
- If Yes, Party Name

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: / CVV:
MM YYYY

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

POST THIS FORM, WITH PAYMENT TO:
Australian Country Party
Membership Officer
PO Box 160
Maryborough
Vic 3465

Or

SCAN AND EMAIL THIS FORM TO:
membership@countryparty.org.au

countryparty.org.au