

Membership Transfer Form

LIBERAL PARTY OF AUSTRALIA (WA DIVISION) INC.



STEP 1. UPDATE YOUR DETAILS

Name:

Membership Number:

Residential Address:

Postal Address:

Email Address:

Mobile:

Home Phone:

STEP 2. TRANSFER DETAILS

I WOULD LIKE TO TRANSFER MY MEMBERSHIP FROM:

BRANCH

WRITE CURRENT BRANCH HERE

TO

BRANCH

WRITE NEW BRANCH HERE

STEP 3. MEMBERSHIP AGREEMENT

I declare that the information provided above is correct to the best of my knowledge and belief and I agree to abide by the Constitution and Rules of the Liberal Party of Australia (WA Division).

Signature:

Date:

SUBMITTING YOUR TRANSFER

Please deliver this Transfer Form by mail, fax, email or in person.

Mail: PO Box 49, West Perth WA 6872 | **Office:** Suite 2, 12 Parliament Place, West Perth WA 6005

Phone: (08) 6436 3300 | **Web:** www.waliberal.org.au | **Email:** membership@waliberal.org.au