

Join the Country Liberals!

Date of Application _____

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

\$120 Single	\$20 Pensioner
\$200 Joint Membership	\$20 Fulltime Student
\$20 Youth	\$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: _____

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 #: 692313

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: _____