

one NATION Western Australia (Inc)

P.O Box 3030, Carlisle South WA 6101. Contact: 0417 304 326

www.onenationwa.asn.au Email: statesecretary@onenationwa.asn.au

I wish to become a member/renew membership of the above Party

Surname	Please print	Given names	Show given names in full
Residential Address	(ESSENTIAL FOR THE AUSTRALIAN ELECTORIAL COMMISSION)		
PO Box (optional)	Additional mailing address (where applicable)		
Phone	Branch	Membership Number:	If known
Fax:		Date of Birth:	/ /
Mobile:	Email:		

You are eligible to enrol for State & Federal elections if:

1. you are 17 years of age or older; and
2. you are an Australian citizen; and
3. you have lived at your present address for at least the last month.

(British subjects who are not Australian citizens are eligible to enrol for Federal elections if they were on the Commonwealth of Australia electoral roll on 25 January 1984)

I consent to this form being forwarded to the Australian Electoral Commission in support of the party's application for registration. (Strike out if not applicable.)

I declare all of the information I have given on this form is true and correct.

Please note: This form may be forwarded to the Australian Electoral Commission to confirm that the party meets the party registration requirements. The AEC conducts random surveys to verify membership and it is possible they will contact you asking you to confirm that you are a member and signed this form. Membership details will be treated by the AEC in strict confidence. Membership lists are retained by the AEC on a confidential database to enable cross checking of new applications. Forms are returned to the party and no copy is retained.

Signature:

HEREWITH Initial Party Membership / Annual fee payment

Single Members \$10 Married Couples \$15

If paying by Direct Deposit, use as reference your Membership number(s) or new membership

Date: / /

Payment of membership: \$

Donation: \$

Cash CHQ MO D/Debit

Direct Deposit Account. Police & Nurses

BSB 806-015 A/C 349900

Do not write anything here

PARTY USE ONLY

This is the annexure marked..... referred to in the statutory declaration

of.....Sworn
(name of person making this declaration)

The.....day of..... (month and year)

..... (signature of person making the declaration)

BEFORE ME:
(signature of the person before whom the declaration is made)

Membership Receipt No.		Donation Receipt No.	
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