



APPLICATION TO JOIN A LOCAL BRANCH

I hereby apply to join the Branch of the ALP.

Name in full:

Date of Birth: / / Male Female

Occupation:

Address (as enrolled):
..... Postcode:

Party membership No:

Current Membership Ticket No (if applicable): Date: / /

Financial Member of the union, if eligible.

Have you previously been a member of the ALP? Yes No

If yes, which Branch:

Signature: Date: / /

FOR BRANCH USE ONLY	
Credentials Committee Report:	Application submitted at meeting: / /
Residentially qualified: YES / NO	Recommendation:
Electoral Enrolment checked: YES / NO
Union membership checked: YES / NO
Admitted to Branch membership: / /	President's Signature: