

**Membership Application / Renewal Form**

**#MakeTheChange**

**#JoinNaomi**

**PERSONAL DETAILS**

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* I WOULD LIKE TO JOIN THE ALLIANCE PARTY OF NORTHERN IRELAND
* I WOULD LIKE TO RENEW MY MEMBERSHIP AS A **SINGLE/JOINT MEMBER**
* If you have previously been a member of another political party, please tick this box and disclose name of party ……………………………………………………….

**MEMBERSHIP OPTIONS AND FEES**

* **SINGLE WAGED MEMBERSHIP** – £46.00 (recommended)

I WOULD LIKE TO PAY MY MEMBERSHIP BY DIRECT DEBIT AND WISH TO PAY:

* **ANNUALLY**
* **QUARTERLY**
* **MONTHLY** (not available for minimum rate members)
* **JOINT MEMBERSHIP** –£79.00
* **MINIMUM RATE OF MEMBERSHIP** – £12.50
* **UNWAGED MEMBERSHIP** – £12.50
* **STUDENT MEMBERSHIP** – £5.00

**OTHER AMOUNT** – £ IIIIIIIIIIIIIIIIIIIIIIIIIIIII

**YOUR PAYMENT DETAILS**



**BANK/BUILDING SOCIETY ACCOUNT NUMBER**

**BRANCH SORTCODE**

**TO: THE MANAGER**

**BANK/BUILDING SOCIETY ADDRESS** IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIlllllllllllllIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIllllI

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**ORIGINATOR’S IDENTIFICATION NUMBER**

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**REFERENCE NUMBER (for office use)** llllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllllll

**INSTRUCTIONS TO YOUR BANK/BUILDING SOCIETY**

Please pay the Alliance Party Direct Debits from the amount detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with the Alliance Party and, if so, details will be passed electronically to my Bank/Building Society.

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**SIGNATURELLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL**

**DATE**LLLLLiiiiLLLLLLLiiLLL

**INSTRUCTIONS TO YOUR BANK OR BUILDING SOCIETY**

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**DECLARATION**

**I DECLARE THAT I ACCEPT AND CONFORM TO THE CONSTITUTION, PRINCIPLES AND POLICIES OF THE ALLIANCE PARTY OF NORTHERN IRELAND. YOU CAN VIEW THESE AT** <https://www.allianceparty.org/page/join-alliance>.

**I DECLARE THAT I AM NOT A MEMBER, PAST OR PRESENT, OF ANY OTHER POLITICAL PARTY OPERATNG IN NORTHERN IRELAND. IF YOU HAVE BEEN A MEMBER, PLEASE PROVIDE DETAILS:** IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJII

**SIGNATURE: DATE:**

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**By completing and returning this form, you agree to accept and conform to the constitution, principles and policy of the Alliance Party of Northern Ireland. You can see the full terms and conditions of your membership at allianceparty.org/page/join-alliance.**