Membership Application / Renewal Form

Alliance

#MakeTheChange

#JoinNaomi

PERSONAL DETAILS

TITLE .....
NAME .....
ADDRESS .....
.....
.....
TOWN ..... POSTCODE .....

D.O.B. ... / ... / ... GENDER M ☐ F ☐ OTHER ☐
EMAIL .....
MOBILE .....
LANDLINE .....

MEMBERSHIP OPTIONS AND FEES

- ☐ 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 .....

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

☐ **JOINT MEMBERSHIP** – £79.00

☐ **MINIMUM RATE OF MEMBERSHIP** – £12.50

UNWAGED MEMBERSHIP – £12.50

☐ **STUDENT MEMBERSHIP** – £5.00

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

- ☐ **ANNUALLY**
- ☐ **QUARTERLY**
- ☐ **MONTHLY** (not available for minimum rate members)

OTHER AMOUNT – £ .....

YOUR PAYMENT DETAILS

TO: THE MANAGER
BANK/BUILDING SOCIETY ADDRESS
.....
.....
TOWN ..... **POSTCODE** .....
NAME(S) OF ACCOUNT HOLDER(S) .....
.....

BANK/BUILDING SOCIETY ACCOUNT NUMBER

BRANCH SORTCODE

ORIGINATOR'S IDENTIFICATION NUMBER

9	6	0	6	3	3

DIRECT Debit

REFERENCE NUMBER (for office use)
.....

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.

SIGNATURE
.....

DATE .....

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.