



MEMBERSHIP APPLICATION FORM

Note: all fields marked with an asterisk (*) must be completed to comply with Australian Electoral Commission requirements

PERSONAL INFORMATION		
*First Name:	*Surname:	
*Street Number and Name:		
*Suburb/Town:	*State/Territory:	
*Post Code:	*Date of Birth (dd/mm/yyyy):	
CONTACT DETAILS		
*Phone (e.g. mobile):	Home Phone: ()	
*Email Address:		
PAYMENT DETAILS		
<p><u>Payment Options</u> (please tick one)</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express</p> <p>Cardholder Name:.....</p> <p>Card Number:...../...../...../.....</p> <p>Expiry Date:...../..... Security Code:.....</p> <p><input type="checkbox"/> Cheque or money order made out Australian Conservatives and posted to the address below along with this form.</p> <p><input type="checkbox"/> Direct credit to the Australian Conservatives bank account: BSB: 035-031 Account Number: 278339 Please email us with your name/s, amount paid, date and stating that the payment is for membership <u>Please return this form by post or email (details below)</u></p>	Membership Fee:	\$40
	Additional Donation (optional):	
	Total	
	Donations between \$2 and \$1500 are tax deductible up to \$1500 per person per year	
DECLARATION		
I agree to be bound by the Australian Conservatives Party Constitution (available on our website)		
Signature:	Date:	
You can also join or donate online at www.conservatives.org.au		

Australian Conservatives

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