



APPLICATION FOR CONTINUITY OF PARTY MEMBERSHIP

Date: / /

Name: Membership No:

Address (as enrolled):

Postcode:

Phone: [h] [w] [m]

Email:

Branch: Male/Female:

Year when joined Party: Branch:

Period of Party Membership prior to break in Continuity:

Period of Continuity asked for. From: To:
(a member seeking Continuity must be a financial member of the Party)

Date rejoined: Ticket No:

Ticket numbers for four years prior to break in Continuity:

Date	Ticket No	Branch
.....
.....
.....
.....

Reasons for break in Continuity:

Signed:

Application supported by:

Signed:

**This application will be referred to the next meeting of the Internal Appeals Tribunal.
Applicant and Branch Secretary will be notified of date, time and place of meeting.**