



Membership Application Form

Please ensure mandatory fields marked * are completed in full

Please return completed form to the address below, Attention: Membership Application.

Title:* <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other		
First Name:*		Last Name:*
Street Address:*		
Suburb *		State: * Postcode:*
Email Address: *		Date of Birth (DD/MM/YYYY) *
Are you already a member of another political party? *		<input type="checkbox"/> Yes <input type="checkbox"/> No Please note if Yes, you will be required to resign from your former party prior to your application being processed. Please supply evidence of your resignation.
Are you registered to vote? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
What electorate are you registered to vote in?		
Mobile Phone:		Home Phone:
Work Phone:		
Would you like to become a volunteer?		<input type="checkbox"/> Yes <input type="checkbox"/> No thank you
Membership Fee *	<input type="checkbox"/> Standard membership \$20.00 <input type="checkbox"/> Student membership \$10.00 <input type="checkbox"/> Pensioner Concession <input type="checkbox"/> Victorian Resident Concession (available for members joining before 31/12/15)	
I apply for membership of the Palmer United Party and agree to be subject to the Constitution and rules of the Palmer United Party.		
Date:*		
Signature:*		

On receipt of the payment for the Membership fee you will be sent a welcome letter and your membership card.

Payment Options

- Cheque:** Please make all cheques payable to Palmer United Party
- Credit Card:** I authorise Palmer United Party to debit my credit card with the amount below

Card Holder: Dr / Mr / Mrs / Miss / Ms _____

Card Type: VISA MasterCard

Card Number:

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Expiry Date: _____

Total Amount: _____

Signature: _____

Date: _____

Palmer United Party. GPO Box 3138, Brisbane, QLD 4001
T: (07) 3233 0888 F: (07) 3036 6666 E: membership@palmerunited.com