



# Membership Form

Direct Debit Payment Option

## 1. Please Give Us Your Contact Info

(please fill out all you can):

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Secondary Account Holder (if applicable):

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Save money and trees - send me materials via e-mail

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Tick here if you want to receive alerts by text to your mobile phone.

Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

I am not a member of another political party.

## 2. Please Tick the State Division You Wish to Join:

- NSW
- Victoria
- South Australia
- ACT
- Tasmania
- Northern Territory
- Queensland
- Western Australia

MAIL THIS FORM to: **AUSTRALIAN DEMOCRATS**, National Membership Officer, PO Box 4323, Kingston, ACT 2604  
You may also fax the form to 08 7070 6050 or email [membership.admin@democrats.org.au](mailto:membership.admin@democrats.org.au)

## 3. Select Your Membership Type (tick)

Annual Income	Single Membership	Combined Membership *
Very high	\$100.00	\$160.00
High	\$85.00	\$136.00
Average	\$50.00	\$80.00
Concession **	\$25.00	\$40.00

\* Two members in the same household.  
\*\* Centrelink card holders and students.

Membership fees include GST.

I/we authorise the Australian Democrats (User ID 030362) to debit my account the total indicated below through the Direct Debit System.

Name of account to be debited: \_\_\_\_\_

BSB Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Please automatically renew my membership annually.

\$\_\_\_\_\_ Membership Fee (see step 3 above)

\$\_\_\_\_\_ Please add this amount to my membership fee as a donation.

\$\_\_\_\_\_ Total

## 4. Optional Monthly Contribution

Please consider making a monthly donation:

Debit my account the additional amount indicated below through the Direct Debit System on the fifteenth of each month, until written notice.

\$\_\_\_\_\_ Total monthly contribution

## 5. Please Sign, Date, and Send In:

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Secondary Account Holder Name Date  
(if applicable)