



GLOBAL ACTION (AUSTRALIA) APPLICATION FOR MEMBERSHIP

MY MEMBERSHIP APPLICATION DETAILS (Please print)

The following information is requested by the Australian Electoral Commission for Federal elections

SURNAME _____ GIVEN NAMES _____

RESIDENTIAL ADDRESS _____ SUBURB _____

CITY _____ STATE _____ POSTCODE _____

PHONE (H) _____ PHONE (W) _____ MOB _____

FACSIMILE _____ DATE OF BIRTH _____ EMAIL (H) _____

DECLARATION

I wish to become a member of GLOBAL ACTION (AUSTRALIA).

I am eligible to enrol for:

Australian Federal Elections.

I am seventeen years of age or over, an Australian citizen, and have lived at my present address for at least a month. (British subjects who are not Australian Citizens are eligible to enrol for Federal elections if they were on a Commonwealth of Australia electoral roll on 25th January, 1984.).

* I consent to this form being forwarded to the Australian Electoral Commission in support of Global Action (Australia's) application for registration. (Strike out if not applicable).

* I declare that I am not a member of any other political party.

* I declare that I will abide by the constitution of Global Action (Australia). *See website.

* I declare that all of the information I have given on this form is true and complete.

SIGNATURE _____ WITNESS _____

DATE _____

Make cheques payable to GLOBAL ACTION(AUSRALIA) or charge my credit card:

GLOBAL ACTION (INTERNATIONAL) \$100. GLOBAL ACTION(AUST) FEDERAL \$40. GLOBAL ACTION (AUST) STATE \$20.
International subscription includes Australian Federal and State membership if eligible o vote in Australia.
Federal Subscription provides home State and Federal Membership. State Subscription is for home state membership only.
More details on website.

MASTERCARD VISA BANKCARD AMEX DINERS

CARD NUMBER _____ EXPIRY DATE _____

NAME OF CARDHOLDER _____ SIGNATURE _____

NOTE# This completed membership registration form must be faxed or mailed to Global Action (Australia).

ADDITIONAL MEMBERS OR FRIENDS

If you have friends who may wish to receive membership forms please complete the details below:

NAME _____

ADDRESS _____ POSTCODE _____

CONTACT TELEPHONE _____ FACSIMILE _____

EMAIL ADDRESS _____