

## MEMBERSHIP APPLICATION FORM

Thank you for your application to join The Nationals SA.

Please indicate the type of membership you require and the way you wish to pay your fees.

☐ **Ordinary Member**

Full participation and voting rights at all levels of the party.

\$50 Single or \$60 Dual: \_\_\_\_\_ Annually

☐ **Pensioner Member**

Discounted membership while retaining full voting rights.

\$10 Single or \$20 Dual: \_\_\_\_\_ Annually

☐ **Young National (age 16 – 35)**

Join the next generation of leaders in the Young Nationals. Young Nats have full voting rights.

\$10 Single or \$20 Dual: \_\_\_\_\_ Annually

☐ **Auxillary Member**

Ideal for those that want to support the Nationals but don't want to be actively involved.

No voting rights but can be converted to an ordinary membership by payment of the fee.

\$0 Single or \$0 Dual: \_\_\_\_\_ Annually

☐ **Optional annual donation**

\$ \_\_\_\_\_ Annually

☐ **Optional once-off donation**

\$ \_\_\_\_\_

**Total \$ \_\_\_\_\_ Annually**

- All subscriptions are inclusive of GST.

- Your membership fees and contributions up to a total of \$100 are tax deductible under the Income Tax Assessment Act.

**Please fill in your details here (all applicants must complete details)**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contacts: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contacts: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I declare that I am a member of the National Party of Australia (SA) Inc.

I/We confirm that I/we am/are not a member/s of any other political party and I/we are on the electoral roll in the Federal electorate of \_\_\_\_\_ and State electorate of \_\_\_\_\_

Signature Member 1 of 1/2: \_\_\_\_\_ Signature Member 2 of 1/2: \_\_\_\_\_

## Payment Method

### Pay by direct debit:

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postcode: \_\_\_\_\_

I/We request you, the National Party of Australia (S.A.) Inc. 000696, arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule specified below.

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

Branch: \_\_\_\_\_

Account Name: \_\_\_\_\_

BSB No. \_\_\_ - \_\_\_ - \_\_\_ Account No. \_\_\_\_\_

Commencing on \_\_\_\_\_ please debit \$ \_\_\_\_\_ from the above account annually.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

If debiting from a joint bank account, both signatures are required.

Please ensure you read and understand the CUSTOMER DIRECT DEBIT SERVICE AGREEMENT.

### Pay by cheque:

Cheques should be made payable to: The Nationals SA

### Pay by credit card:

Please debit my: ☐ Mastercard ☐ Visa With the amount of \$ \_\_\_\_\_

Card No. \_\_\_\_\_

Expiry date \_\_\_ / \_\_\_ CCV \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_