



## MEMBERSHIP APPLICATION FORM

Thank you for joining The Nationals SA.

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

Please tick to choose your membership type and fill in the amount of your fees.

- Single      \$50 per year    Amount \$ \_\_\_\_\_
- Dual          \$60 per year    Amount \$ \_\_\_\_\_
- Senior / Pensioner / Student
  - Single      \$10 per year    Amount \$ \_\_\_\_\_
  - Dual        \$20 per year    Amount \$ \_\_\_\_\_
- Company      \$60 per year    Amount \$ \_\_\_\_\_
- Young National (age 18 – 32)
  - Single      \$10 per year    Amount \$ \_\_\_\_\_
  - Dual        \$20 per year    Amount \$ \_\_\_\_\_

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

Optional annual donation    Amount \$ \_\_\_\_\_

**Total Amount \$ \_\_\_\_\_**

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

Title: ..... Surname: ..... Given Names: .....

Address: ..... Postcode: .....

Contacts: Work: ..... Fax: ..... Mobile:.....

Home: ..... Email..... Date:.....

Occupation: ..... Date of Birth: ..... Signature: .....

Title: ..... Surname: ..... Given Names: .....

Address: ..... Postcode: .....

Contacts: Work: ..... Fax: ..... Mobile:.....

Home: ..... Email..... Date:.....

Occupation: ..... Date of Birth: ..... Signature: .....

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: ..... Signature: .....

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## Payment Method

**Pay by direct debit?** Name/s: .....

Address: ..... 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: .....

Name/s account held in: .....

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: **National Party of Australia (S.A.) Inc**

**Pay by credit card?** Please debit my  Mastercard  Visa

Account No.

Expiry date

Name on card: .....

Signature of cardholder: ..... With the amount of \$ .....

Return the completed form to:  
**The Membership Manager, GPO Box 772, Adelaide SA 5001**