

Membership Form

Return to Alliance Party,
PO Box 2505
South Dunedin 9044
New Zealand

Alliance

Name: _____

Address: _____

Email: _____

Telephone: _____

Mobile phone: _____

Branch (if known): _____

Union (if applicable): _____

Membership donation (membership valid for three years)

\$25 recommended Other \$ _____

\$10 minimum waged \$5 minimum unwaged

Age and privacy declarations for Electoral Commission purposes

I am over 18 years of age YES/NO

If under 18 years of age, please supply date of birth _____

On payment of membership donation, I authorise my name to be recorded as a financial member of the Alliance Party of New Zealand

YES/NO

I authorise the Secretary of The Alliance Party of New Zealand to release this application form to the Electoral Commission for the purpose of registering The Alliance Party of New Zealand under the Electoral Act 1993

YES/NO

Signature

Date

www.alliance.org.nz