

Membership Form

To apply to become a CEC *Full/Associate/Affiliate/Family** member for *1 year / 3 years / 5 years** please fill out this form and return it with the required payment of \$ _____ to the CEC PO Box 376 Coburg Vic. 3058. All members receive the Membership Edition of the *Australian Alert Service* once a month, plus a complimentary edition of the *New Citizen* when it is published. (**Strike out if not applicable.*)

Title:		First Name:		Middle Name:		Last Name:	
Residential Address: (as shown on Electoral Roll)							
City/Town:				State:		Postcode:	
Postal Address: (if different to above)							
City/Town:				State:		Postcode:	
Phone (H):			Phone (W):			Fax:	
Mobile:				Email:			
Date of Birth:			Local Council:				
State Electorate:				Federal Electorate:			

Please read declaration below carefully

Declaration (for Australian Electoral Commission registration purposes only)

1. I wish to become a member of the Citizens Electoral Council of Australia;
2. I am eligible to enrol for Federal elections. (You are eligible to enrol for Federal elections if:
 - you are 17 years of age or older; and
 - you are an Australian citizen; and
 - you have lived at your present address for at least the last 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 25 January, 1984.)
3. I am not a member of any other registered political party.

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

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

X Signature: _____	Date: ____ / ____ / ____
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Payment Details:

• Please find my Cheque or Money Order enclosed for \$ _____, or please charge my Credit Card with \$ _____

Credit Card details:

Card Type: Visa MasterCard

Card Number: _____ Expiry Date: _____

Name on Card: _____ Signature: _____

Please make cheques payable to Citizens Electoral Council of Australia.

OFFICE USE ONLY	
This is the annexure marked.....	referred to in the statutory declaration of.....
(annexure number)	(name of the person making the declaration)
sworn theday of....., 20__ .	
(month)	
Signed:.....	BEFORE ME:
(signature of the person making the declaration)	(signature of the person before whom the declaration is made)

FORM 19
REGISTRATION OF PARTY
DECLARATION OF PARTY MEMBERSHIP
Parliamentary Electorates and Elections Act 1912
(Section 66D (2) (g1))

To the Electoral Commissioner:

I

Print full name in BLOCK letters, as enrolled

of

Insert place of living as appearing on the electoral roll

Post Code:

born

Insert date of birth

declare that I am a member of the following political party:

Insert name of party as registered or to be registered

and I consent to that party relying on my membership for the purposes of the party qualifying for registration under the *Parliamentary Electorates and Elections Act 1912*.

Signature of party member:

Dated this day of 200.....

Note: Each declaration of membership must be completed by (or at the direction of) the party member concerned and then signed by the member. **Particulars to be completed are to be written by hand at the same time the form is signed.** Each declaration of membership is to be made on a separate sheet of paper.

The Electoral Commissioner may, in order to verify the requirements for registration of a party, request a person who signs a declaration of membership to confirm that the person is a member of the party and that the person completed and signed the form.

- NOTES:**
- 1. Return this form to the Secretary of your party for lodgement with the New South Wales Electoral Commission.**
 - 2. Under the provisions of Section 66J of the *Parliamentary Electorates and Elections Act 1912* this form is available for public inspection.**