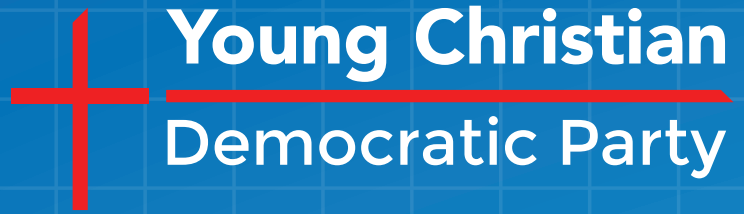


Membership Application Form



Your Personal Details

Title _____ Christian Name(s) _____ DOB (DD/MM/YYYY) _____

Surname _____ Marital Status _____

Phone (H) _____ Mobile _____ Fax _____

Electoral Roll Address _____ Email _____

Suburb _____ State/Territory _____ Postcode _____

Postal Address (if different to the Electoral Roll) _____

Church Name and Suburb (if applicable) _____

Referee (eg Minister) _____ Phone _____

Are you a member of any other political party? Yes No If Yes, which party? _____

Are you enrolled to Vote? Yes No _____

I support the national CDP Charter and Constitution (see website) Yes No Signature _____

Membership Options and Benefits

Young CDP (18-29 years) \$15 Quarterly \$60 Per Annum Junior Membership (16-17 years) \$12 Per Annum

I would like to be kept informed about the upcoming events of the Young CDP via email.

I would like to receive the CDP monthly newsletter.

I would like a member of the Young CDP to come and visit my Youth Organisation and share the vision of the Young CDP.

Donation (Optional)

Note: Donations of up to \$1,500 each year to the Party can be claimed as a personal tax deduction

I would like to make a one-off donation: \$25 \$50 Other _____

OR I would like to make recurring monthly donations: \$25 \$50 Other _____

Payment Options

Payment by Cheque Money Order Send Direct Debit Form Debit / Credit Card

I authorise the Christian Democratic Party to debit my Mastercard Visa for the amount(s) selected

Date _____ Cardholder's Name _____ Signature _____

Card No _____ Expiry Date _____

Check if not to auto-renew membership

Submitting Your Application

Please download and fill in this Application for Membership Form, send together with your membership payment to:

Address: PO Box 8456, Parramatta Westfield, NSW 2150 Email: headoffice@cdp.org.au Website: cdp.org.au

Phone: (02) 9633 3255 or 1300 667 975 Fax: (02) 9687 5848 ABN 57 658 075 121