## Australian Capital Territory Membership CHRISTIAN DEMOCRATIC PARTY



Your Personal Details

Title Christian Name(s)		
Surname		
		Fax
Electoral Roll Address		Email
Suburb	_ State/Territory	Postcode
Postal Address (if different to the Elector	al Roll)	
Church Name and Suburb (if applicable	e)	
Referee (eg Minister)		Phone
Are you a member of any other political party? Yes No		I support the national CDP Charter and
If Yes, which party? Co		Constitution (see website) Yes No
Are you enrolled to Vote? Yes	No	Signature
Membership Options		
	5.4	Per Annum
	Per Annum	
General Membership Golden Membership		e Concession \$10
Young CDP (18 to 29 years)		ble Concession \$15
	_	stian Minister M'ship \$10
Business Contribution*	<b>\$ Unlimited</b> Junic	or Membership \$10
Donation (Optional) Note	: Donations of up to \$1 500 each year t	to the Party can be claimed as a personal tax deduction
I would like to make a <b>one-off donation</b> : <b>OR</b> I would like to make <b>recurring monthly</b> donations:		
\$25 \$100 \$	500 \$1000 \$	25 \$100 \$500 \$1000
\$50 \$250 C	Other \$	50 \$250 Other
Yes, please send me Fred Nile	e's monthly Family World News @ S	\$12 per annum
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 Na	me	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, 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