



1. APPLICANT'S DETAILS

Title [please ✓] Mr Mrs Ms Dr Hon. Other _____

Surname _____ Post-nominals [eg: 'OAM'] _____

Given name _____

Postal address _____

Town _____ Postcode _____

Telephone (home) _____ Mobile _____

Fax _____ E-mail address _____

Occupation (eg: 'fisherman') _____

Industry/sector (eg: 'rock lobster') _____

Date of birth _____

2. PARTNER'S DETAILS [if applicable]

Title [please ✓] Mr Mrs Ms Dr Hon. Other _____

Surname _____ Post-nominals [eg: 'OAM'] _____

Given name _____

Occupation (eg: 'manager') _____

Industry/sector (eg: 'real estate') _____

Date of birth _____

3. MEMBERSHIP FEES [please ✓ applicable category]

- \$100 dual [2 adults at same address] \$80 single \$30 Young National
[under 32 at next birthday]
- \$15 seniors [receiving pension] \$_____ supporter

4. PAYMENT TYPE [please ✓ appropriate box]

cheque, made payable to **Nationals WA**

or

Bankcard Visa MasterCard Diners

Card number _____ Expiry ____ / ____

Name on card [please print] _____ Signature _____

or

Direct debit authority for presentation to my bank [see over page]

5. RETURNING COMPLETED APPLICATION

Thank you for your application to become a member of the Nationals. Please:

- mail your completed form to Nationals WA, GPO Box R1253 Perth WA 6844
- of if applying by credit card, you can fax both pages of this form to (08) 9261 9151



**ANNUAL SUBSCRIPTION
FORM PD-C**

**FORM OF REQUEST FOR DEBITING AMOUNTS TO ACCOUNTS BY THE DIRECT
DEBIT SYSTEM**

[Membership applicant to complete]

SCHEDULE:

Account holder/s surname/s* _____

Account holder/s given names* _____

Title of account _____

Name of Bank _____

**Joint account holders must provide names of authorising signatories*

BSB number |

Account number

TO THE BANK MANAGER:

I/we request you until further notice in writing to debit my/our account annually described in the schedule above any amount which the National Party of Australia WA Incorporated (User ID 1062) may debit or charge me/us through the direct debit system as an annual subscription.

I/we understand that:

1. the Bank may in its absolute discretion determine the order of priority of payment by it of any monies pursuant to this request by any authority, mandate, cheque, bill, note or other instrument.
2. the Bank may in its absolute discretion at any time by notice of writing to me/us terminate this request as to future debits.

Authorising signature/s* _____

**Joint account holders must both sign*

Address _____

Town _____ Postcode _____

Duty stamp *[if required]*