



PLEASE PRINT CLEARLY

SURNAME		GIVEN NAMES – (PLEASE LIST ALL YOUR GIVEN NAMES IN FULL)	
RESIDENTIAL ADDRESS			
SUBURB		STATE	POSTCODE
TELEPHONE (WORK)	TELEPHONE (HOME)	MOBILE	
EMAIL ADDRESS			
POSTAL ADDRESS (ONLY IF DIFFERENT TO RESIDENTIAL ADDRESS)			
<p><b>DECLARATION:</b></p> <p>I wish to become a member of the F.R.E.E Australia Party.</p> <p>I am eligible to enroll for Federal elections.</p> <p>(You are eligible to enroll for Federal elections if:</p> <ul style="list-style-type: none"> <li>✓ You are 18 years of age or older; and</li> <li>✓ You are an Australian citizen; and</li> <li>✓ You have lived at your present address for at least the last month.)</li> </ul> <p>(British subjects who are not Australian citizens are eligible to enroll for Federal elections if they were on a Commonwealth of Australia electoral roll on 25 January, 1984.)</p> <p>* I consent to this form being forwarded to the Australian Electoral Commission in support of the party's application for registration. <i>(Strike out if not applicable.)</i></p> <p>I declare that all the information I have given on this form is true and complete.</p>			
SIGNATURE		DATE	
		/   /	

**Please note:** This form may be forwarded to the Australian Electoral Commission to confirm that the party meets the party registration requirements. The AEC conducts random surveys to verify membership and it is possible that they may contact you asking you to confirm that you signed this form. The form will be treated by the AEC in strictest confidence. It will only be used to verify the party's entitlement to registration and for no other purpose. The form will then be returned to the party. No copy or information contained in the form will be kept by the AEC.

**F.R.E.E AUSTRALIA PARTY USE ONLY**

This is the annexure marked _____ referred to in the statutory declaration of _____ sworn	
(annexure number)	(name of person making the declaration)
The _____ day of _____	
(Month and Year)	
Signature of the person making the declaration	
BEFORE ME:	DATE:
(Signature of the person before whom the declaration is made)	
PRINT NAME	TITLE
OF WITNESS:	(if appl):

SINGLE MEMBERSHIP IS \$25 PER PERSON, PLEASE RETURN YOUR COMPLETED APPLICATION FORM, TOGETHER WITH a CHEQUE or MONEY ORDER MADE PAYABLE TO:  
**F.R.E.E AUSTRALIA PARTY - PO BOX 694, ST AGNES, SA, 5097**  
 For enquiries please phone (08) 8396 3355 or go to [www.freeaustralia.org](http://www.freeaustralia.org)