



MEMBERSHIP FORM

Date joined:.....

Name:.....

Address:.....

.....Postcode.....

Phone: (H)..... (W)(mobile).....

Email:.....Fax:.....

Union/campus/community group:.....

Position if any (eg: delegate):.....

State electorate (if known):.....

Federal electorate (if known):.....

Socialist Alliance membership dues paid (please tick one):

___\$60 (high waged)

___\$24 (low waged)

___\$12 (unemployed/student)

___\$6 (high school student)

I would like to make a donation of _____

Credit card payment details:

Cheque enclosed Debit my B'card / M'card / Visa (please circle)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature

Expiry. date

Name

Address

Postcode

Ph (H)

Ph (W)

PLEASE GIVE THIS FORM TO YOUR LOCAL SOCIALIST ALLIANCE BRANCH OR
MAIL TO: PO Box A2323, SYDNEY SOUTH 1235

WWW.SOCIALIST-ALLIANCE.ORG