



Legalise Cannabis South Australia

APPLICATION FOR STATE MEMBERSHIP

Please return this form to:

LCSA Party, 8c Kurrajong Place, Seacombe Gardens, SA 5047

Please provide your details exactly the same as they are on the Electoral Roll. www.check.aec.gov.au

| | |
|---------------|------------------------|
| Title | |
| Given Names | |
| Surname | |
| Date Of Birth | |
| Address | |
| Suburb | |
| State | South Australia |
| Postcode | |
| Phone 1 | |
| Phone 2 | |
| Email | |

I would like to become a member of Legalise Cannabis South Australia (Party)

| | |
|----------------|--|
| Your Signature | |
| Today's Date | |

Membership Declaration

I,
(name)

of
(address)

declare that I am a member of; **Legalise Cannabis South Australia (Party)**

Signed

Date