



Legalise Cannabis Party
legalisecannabis.org.au

MEMBERSHIP APPLICATION FORM

RETURN FORM TO: LCP, P.O. Box 840,
Neutral Bay NSW 2089

NSW

IMPORTANT. Information **must match** your details on the Electoral Roll. You can check your details at www.check.aec.gov.au

First Name: _____ Middle Name: _____

Surname: _____

Date of Birth: ____/____/____

Mobile: _____

Secondary Contact Number: _____

Can We Send you SMS Updates Yes No

Email: _____

Can we send you email updates Yes No

Address (as per electoral roll): _____

Suburb: _____ State: _____ Postcode: _____

Mailing Address (if different to above): _____

DECLARATION:

I am an Australian citizen and enrolled to vote. I hereby apply to join the party as a supporting member. I am not relied upon by another party in my state for the purposes of state electoral registration. I understand that I may be contacted by the Federal and / or State Electoral Commission to verify my membership. I will abide by the constitution of Legalise Cannabis NSW Incorporated and associated regulations of the Party.

Signed: _____ Name (Print): _____

Date: ____/____/____

OFFICE USE ONLY

Date Received: ____/____/____ Processed by: _____

Membership No. _____ Branch: _____