

WA Labor

Branch Transfer Request Form



WA
Labor

Name: _____ Mem#: _____

Current Branch: _____

New Branch: _____

Your Details

Address: _____

Postal: _____

Phone: _____ Mobile: _____

Email: _____

Signed:

Date:

Branch Officers

It is the responsibility of the member seeking to transfer to have the following section signed by either the **President or Secretary of the new branch**. If you are unsure who those office bearers are, or need assistance in getting in contact with them, please contact WA Labor Party Office on 9328 7222 or at membership@walabor.org.au.

Name: _____ President Secretary

Signed:

Date:

Please return completed form to

Post:

WA Labor
PO Box 8117
Perth BC WA 6849

In Person:

54 Cheriton St
Perth

Fax:

9227 9585

Email:

membership@walabor.org.au