

# BRANCH TRANSFER REQUEST FORM

WA  
Labor

Name:  Member Number:

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.com.au**

Name:   President  Secretary

Signed:  Date:

## Please return completed form to

### Post:

WA Labor  
PO Box 8117  
Perth BC, WA 6849

### In person:

85 Havelock Street  
West Perth  
6005

### Email:

membership@walabor.com.au