



# 2026 MEMBERSHIP RENEWAL

Renew online: [walabor.org.au/join/renew](http://www.walabor.org.au/join/renew) or by phone: **08 9328 7222**  
(have your card or account details ready)

To continue your membership complete this form or renew online at:  
[www.walabor.org.au/join/renew](http://www.walabor.org.au/join/renew)

## RENEW YOUR MEMBERSHIP BEFORE 5PM, 30 APRIL 2026

Given Name(s):  Last Name:

Member Number (if known):  Phone:  Mobile:

Residential Address:

Suburb:  Postcode:

Postal Address:

Email:

### MEMBERSHIP FEES

All members must pay:

1. An annual fee of \$30 paid upon application and then annually before April 30 the following year and;
2. Monthly payments according to your income (not optional - based on income brackets below).

#### 1. Annual fee

(paid once yearly): **\$30.00**

Do you hold a concession card?   
(deduct \$10)

Are you an affiliated union member?   
(deduct \$10)

Union:

Affiliated unions: AMWU; ASU; AWU; BBEU; CEPU-ETU; CFMEU; CPSU-PSU; FSU; HSU; MUA; RTBU; SDA; TWU; UFU; UWU

**Total annual fee:**

\$

#### 2. Monthly payments

Please select your income bracket:

|                       |            |                          |
|-----------------------|------------|--------------------------|
| Under \$25,000        | None       | <input type="checkbox"/> |
| \$25,001 - \$50,000   | \$4/month  | <input type="checkbox"/> |
| \$50,001 - \$75,000   | \$10/month | <input type="checkbox"/> |
| \$75,001 - \$100,000  | \$17/month | <input type="checkbox"/> |
| \$100,001 - \$150,000 | \$20/month | <input type="checkbox"/> |
| Over \$150,000        | \$24/month | <input type="checkbox"/> |

Your annual fee will be taken upon processing this application. Monthly payments will be deducted on the 10th of each month (or the next business day). Members paying with cheque or cash **must** pay the full annual amount (annual fee + monthly payments) up front.

#### If paying by credit card

**or direct debit:** I hereby authorise WA Labor to debit my card/account in accordance with the table above, and to continue deducting payments from my card/account in accordance with WA Labor's rules until I request otherwise in writing.

### PAYMENT METHOD Please choose your payment method

Please note: payment must be made from an account in the name of the applicant or family member at the same address

Mark this box if you would like to enable **Auto Renewal**

#### Credit/Debit Card

Card type

Mastercard  Visa  American Express

Card Number:

Expiry:

Name on Card:

#### Direct Debit

BSB:

Account number:

Account Name:

Bank:

#### Pay a full year in one off payment (required for cash/cheque)

Do you hold a concession card?   
(deduct \$5)

Are you an affiliated union member?   
(deduct \$5)

|                     |              |                          |                       |              |                          |
|---------------------|--------------|--------------------------|-----------------------|--------------|--------------------------|
| Under \$25,000      | <b>\$30</b>  | <input type="checkbox"/> | \$75,001 - \$100,000  | <b>\$234</b> | <input type="checkbox"/> |
| \$25,001 - \$50,000 | <b>\$78</b>  | <input type="checkbox"/> | \$100,001 - \$150,000 | <b>\$270</b> | <input type="checkbox"/> |
| \$50,001 - \$75,000 | <b>\$150</b> | <input type="checkbox"/> | Over \$150,000        | <b>\$318</b> | <input type="checkbox"/> |

#### Cash/Money Order

Only payable in person at **WA Labor Party Office, 85-87 Havelock Street, West Perth** with Photo ID. Exemptions may apply for non-metropolitan members. Call WA Labor for more details

#### Cheque

Please make cheque payable to **WA Labor** and return by post **WA Labor, PO Box 8117, Perth BC 6849** Payable with personal cheques only

Signature:

Date:

**To return, fold and seal so the reply paid panel on page over is facing out, and place in any post box.**

#### POSTAL ADDRESS:

WA Labor  
PO Box 8117  
Perth BC WA 6849

**IMPORTANT FOR DIRECT DEBIT PAYMENTS:**

Our bank has asked that we include the following statement. Please ensure that you have read the following before sending in the Direct Debit Request. Please retain a copy of this section for your records.

We may vary this agreement at any time by giving you at least 14 days notice. It is your responsibility to ensure that you have sufficient funds in the nominated account when payments are to be drawn.

If you do not have sufficient funds, then: The payment will be regarded as not having been made; An administration fee will be charged to your account; If the nominated account is conducted with the Commonwealth Bank then we may, on a day subsequent to the payment due date, debit funds from your account either in full or partial payment of any amount overdue.

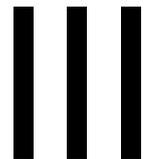
You should be aware that: Direct Debiting through Bulk Electronic Clearing System is not available on all accounts; Account details should be checked against a recent statement from your financial institution. If you are in any doubt, you should check with your ledger financial institution before completing the Direct Debit Request; and It is your responsibility to advise us if your nominated account is altered, transferred or closed.

If you believe there has been an error in debiting your account you should contact us on (08) 9328 7222 from 9am to 5pm Mon-Fri. Your records and account details will be kept private and confidential and will only be disclosed at your request or at the request of the financial institution in connection with a claim made to an alleged incorrect or wrongful debit, or otherwise as required by law.

For all matters relating to the Direct Debit arrangement on your account, including requests for deferment of debits, alteration of debit arrangements or stopping or cancelling your Direct Debit Request, please call us on (08) 9328 7222 from 9am to 5pm Monday-Friday.

**Delivery Address:**  
PO Box 8117  
PERTH BC WA 6849

No stamp required  
if posted in Australia



WA LABOR PARTY  
Reply Paid 8117  
PERTH BC WA 6849

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**PARTY  
OFFICE**

85-87 Havelock Street  
West Perth  
6005

**EMAIL**

membership@walabor.com.au

**POSTAL  
ADDRESS**

WA Labor  
PO Box 8117  
Perth BC WA 6849

**PHONE**

(08) 9328 7222