Enquiries:

membership@walabor.org.au

BRANCH TRANSFER REQUEST



Name:								N	Membership:
Current Branch:									
New Branch:									
Your Details									
Ado	lress:								
Pos	ital:								
Pho	one:						Mobil	e:	
Ema	ail:								
Signed:							Date	e:	
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	e:	
Please return completed form to									
PO E	t: Labor Box 81 ⁻ h BC W		349						mail: nembership@walabor.org.au