

Membership Form

Return to Alliance Party, PO Box 2505 South Dunedin 9044 New Zealand www.alliance.org.nz

Name:
Address:
Email:
Telephone:
Mobile:
Branch (if known):
Union (if applicable):
Membershipdonation (membership valid for three years) ☐ \$25 recommended ☐ Other \$
☐ \$10 minimum waged ☐ \$5 unwaged (bank details: Kiwibank Alliance Party 389000 0653846 00)
Age and privacy declarations for Electoral Commission purposes
I am over 18 years of age YES/NO
I am eligible to be on the New Zealand electoral roll YES/NO
On payment of membership donation, I authorize my name to be recorded as a financial member of the Alliance Party of New Zealand YES/NO
I authorize the Secretary of the Alliance Party of New Zealand to release this application form to the Electoral Commission for the purpose of registering the Alliance Party of New Zealand under the Electoral Act 1993 YES/NO
Signature date

Level of Involvement (optional)

The Alliance acknowledges that members choose to join the Alliance for a variety of reasons. Some members wish to be active within the party whereas others prefer to be background supporters. We value all of our members but so that we can cater to everyone, we ask that you give us an indication of the amount of involvement you wish to have with the party.

Please indicate if you wish to be part of the following

1.	The Alliance email discussion loop	yes/ no
2.	Receive the bi monthly Alliance email newsletter	yes/ no
3.	Receive the annual printed Alliance newsletter	yes/ no
4.	Receive information about specific campaigns the Alliance is involved in either by mail or email	yes/ no
5.	Get actively involved with Alliance campaigns	yes/ no
6.	Assist with administration tasks	yes/ no
7.	Be contacted by your local Alliance branch and invited to meetings	yes/ no

Interests and Skills

share with the Alliance Party	•	,	,	J

Please list any skills, areas of expertise and interests you have that you would be willing to