



FLUORIDE FREE WA PARTY MEMBERSHIP APPLICATION FORM

Given Names (as on the electoral roll)

Surname

Date of Birth __ __ / __ __ / __ __ __ __
 DD MM YYYY

Residential Address (as on the electoral roll)

Suburb

State

Post Code

Contact Number

Email Address

Signature:.....

Date:.....

Important information for applicants

I wish to apply to become a member of the Fluoride Free WA Party.

I am aged 17 years or older and am registered to vote.

I understand my details will be forwarded to the Western Australian Electoral Commission (WAEC) as part of the political party registration process and WAEC may contact me to confirm my membership.

I declare the above information is true and correct.

I would like to volunteer my skills/time for upcoming political campaigns and/or events, and give permission for FFWA event organisers to contact me.

Send the completed form to secretary@fluoridefreewa.org

or post to;

Fluoride Free WA Party

PO Box 8009

Subiaco East WA 6008