

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.org.au**

Name: President Secretary

Signed: Date:

Please return completed form to

Post:

WA Labor
PO Box 8117
Perth BC, WA 6849

In person:

Level 1,
22 Eastbrook Terrace,
East Perth

Email:

membership@walabor.org.au