



### **Notes for filling out the Membership Application Form**

After you have completed the Membership Form, please copy it and email to:  
[membership@womensrightsparty.nz](mailto:membership@womensrightsparty.nz)

Or post it to us:  
P.O. Box 1108  
PUKEKOHE 2340

Please deposit your membership fee (and donation if you wish to do so) in the following account:

Entity Name: **Women's Rights Party**  
Account Number: **02-0316-0683274-000**

[Please put your family name in the Particulars and Code and put "member fee" in the Reference.]

The applicant's details are kept private and are not available on a public register. The details are supplied to the Electoral Commission for the purpose of registering the Party.

The \$5 membership fee is for one year. Automatic payments are encouraged and mean that your membership will be automatically carried over to the following year.

Anyone over 15 years of age who agrees with the Principles, Objectives and Rules of the Women's Rights Party can join.

If you are eligible to enrol, but you are not a registered elector and you are a New Zealand citizen or permanent resident, 18 years or older, and you have resided in New Zealand continuously for one year or more, please specify on the form whether you are a citizen or permanent resident and if you are living overseas, please provide the date you were last in New Zealand.

If you are not eligible to vote, you can still join, but you won't be counted in the 500 we need to register



# Women's Rights Party

## Membership Application Form

Full Name(s).....

Residential Address.....

Town/City.....

Date of Birth...../...../..... Sex (circle one) **Male** **Female**

Phone number..... Email.....

**I am a registered elector (circle one) **Yes** **No****

I am enrolled in the \_\_\_\_\_ electorate

*Only complete this section if you are **NOT** a registered elector.*

**I am not a registered elector but I am eligible to enrol (circle one) **Yes** **No****

I am eligible to vote as a New Zealand Parliamentary elector as I am a (select one):

- New Zealand citizen
- permanent resident of New Zealand
- other – please specify: \_\_\_\_\_

and I have lived continuously in New Zealand for \_\_\_\_\_ years \_\_\_\_\_ months.

If you live overseas, please provide the date last in New Zealand \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**I have paid my membership fee of \$5 for a 1-year membership with this application.**

OPTIONAL: I would like to make a voluntary donation of (please circle one)

\$15, \$20, \$25, \$30 or \$.....

Total paid today \$.....

I authorise the Women's Rights Party to record my name as a financial member of the Women's Rights Party.

I authorise the Women's Rights Party Secretary to release this information and subsequent financial membership details to the Electoral Commission for the purposes of the Women's Rights Party's registration under the Electoral Act 1993.

Signed.....

Date.....2023