



Membership Application

I, _____, wish to apply for membership of the Tasmanian Council for Civil Liberties.

Title: _____ Given names: _____

Surname: _____

Street address: _____

City: _____ State: _____ Post code: _____

Contact phone: _____ Email: _____

Topic of particular interest (If applicable): _____

Donation amount (Minimum \$10 AUD): _____

I declare that the above information is true.

Signed _____

Date _____

OFFICE USE ONLY	
Approval signature 1:	<input type="text"/>
Approval signature 2:	<input type="text"/>