

# Membership Renewal Form 2026

Schedule B1  
ABN 49 269 815 144  
TAX INVOICE

Given Name(s)

Surname

Postal Address  
(change details  
below if incorrect)

If this is blank,  
please fill in the  
personal details  
section below.

**PLEASE NOTE:** FOR CONTINUITY OF MEMBERSHIP, PAYMENT MUST BE RECEIVED AT STATE OFFICE BY

## Personal Details

GIVEN NAME(S)

PREFERRED NAME(S)

SURNAME

MEMBERSHIP NUMBER

DATE OF BIRTH

RESIDENTIAL ADDRESS

POSTAL ADDRESS (IF DIFFERENT)

TELEPHONE NUMBERS

LANDLINE

MOBILE

EMAIL ADDRESSES

1

2

Do you identify as **Aboriginal** or **Torres Strait Islander**?  YES  NO

Do you identify as a **person of colour** or **culturally and linguistically diverse**?  YES  NO

Do you wish to join the following Labor groups?

**Rainbow Labor**  YES **Labor Enabled**  YES

**Labor for an Australian Republic**  YES **Victorian Multicultural Labor Network**  YES

## Electoral Enrolment

Are you enrolled to vote at elections at the address shown on this form?  YES  NO

IF NO, PROVIDE ENROLLED ADDRESS BELOW AND WHY

OR REASON YOU ARE NOT ENROLLED AT ALL

*Note: The Victorian Branch Rules require that your ALP recorded address matches the address at which you are enrolled to vote, if you are eligible to be enrolled to vote.*

Would you like to **receive all mail** by **email**?\*  YES  
*\*Please promptly notify us of any changes to your email address to maintain accurate records.*

Do you have any **accessibility requirements** to attend branch meetings or receive branch information?  YES  
*You will be contacted to discuss any accessibility assistance you require.*

## OFFICE USE ONLY

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**PLEASE NOTE: YOU MUST COMPLETE BOTH SIDES OF THIS FORM**



## Payment Details

### A. Membership Fee

Choose membership fee level based on annual gross income listed (all amounts listed are GST inclusive). Concessional membership applicants must complete Concession Status Declaration (B) below.

**Reduced Rate applies to:** Parental Leave, WorkCover, and Income Protection.

Please note that the Victorian ALP Rules require a member to pay for their own membership except that a member may authorise another family member living in the same household to pay their membership.

<input type="checkbox"/> 1	Concession	\$30.00	<input type="checkbox"/> 1	Concession with Union Discount	\$25.00
<input type="checkbox"/> 2	Reduced Rate	\$50.00	<input type="checkbox"/> 2	Reduced Rate with Union Discount	\$40.00
<input type="checkbox"/> 3	\$60,000 & under	\$50.00	<input type="checkbox"/> 3	\$60,000 & under with Union Discount	\$40.00
<input type="checkbox"/> 4	\$60,001 - \$95,000	\$85.00	<input type="checkbox"/> 4	\$60,001 - \$95,000 with Union Discount	\$75.00
<input type="checkbox"/> 5	\$95,001 - \$130,000	\$150.00	<input type="checkbox"/> 5	\$95,001 - \$130,000 with Union Discount	\$140.00
<input type="checkbox"/> 6	\$130,001 - \$150,000	\$250.00	<input type="checkbox"/> 6	\$130,001 - \$150,000 with Union Discount	\$240.00
<input type="checkbox"/> 7	\$150,000 & above	\$400.00	<input type="checkbox"/> 7	\$150,000 & above with Union Discount	\$390.00

### B. Concession Status Declaration

Secondary student under 18  OR full-time tertiary student  OR have current Centrelink Pension or Health Care Card

Card No.

### C. Payment Frequency

Please debit the credit card detailed below for automatic renewal of my membership each year.

Automatic annual  Once-off annual  
 Monthly (automatic 12 equal installments)  Quarterly (automatic 4 equal installments)

### D. Donation

Plus donation to the ALP (specify amount)  +\$

**TOTAL AMOUNT TO BE PAID**  =\$

## Payment Method

Amex  Mastercard  Visa

Cardholder name  Expiry

Signature  CCV

Card number:

Direct Debit

Account Name

BSB  Account Number

Pre-paid credit cards (Australia Post Load & Go, Visa Gift Card, Woolies Money card or Rewards Cards) are not accepted. Details provided will be stored on the Membership Portal using the secure payment gateway Stripe.

**PLEASE NOTE: YOU MUST COMPLETE BOTH SIDES OF THIS FORM**

## List of Affiliated Unions

- **AMWU Victorian Branch**
- **Australian Services Union**
  - Victorian Authorities & Services Branch
  - Victorian Private Sector Branch
- **Australasian Meat Industry Employees Union**
- **Australian Workers Union**
- **Communications, Electrical & Plumbing Union of Australia**
  - Communication Division Postal & Telecommunications Group
  - Plumbing Division
- **Construction, Forestry, Maritime, Energy Union**
  - Manufacturing
  - Construction
- **Community & Public Sector Union (CPSU)**
  - Federal Branch (PSU Group)
- **Electrical Trades Union**
- **Finance Sector Union**
- **Health Service Union**
  - Victoria No. 2 Branch (HACSU)
- **Health Workers Union**
- **Maritime Union of Australia**
- **Mining & Energy Union**
- **Rail, Tram & Bus Union**
- **Shop Distributive & Allied Employees' Association**
- **Transport Workers Union**
- **United Firefighters Union**
- **United Workers Union**

### Union Membership Declaration

OCCUPATION

UNION DIVISION

Note: Membership applicants must be a member of an affiliated union if applicable. See a full list of affiliated unions listed above.

## The Pledge

"I hereby pledge myself to the Australian Labor Party to faithfully uphold to the best of my ability its Constitution, Rules and Platforms and to work and vote for selected Australian Labor Party candidates for public office. I am not a member of any other organisation which pledges its members to support candidates for public office. I will forfeit my membership of the Australian Labor Party if I nominate against any candidate selected by the Australian Labor Party for public office. If I employ labour, I will actively encourage trade union membership and the conduct of an ethical workplace. Where eligible, I will actively participate in my relevant trade union and will seek to uphold the values of trade unionism in my workplace."

SIGNATURE

DATE

As an ALP Member, you give consent to receive information from the ALP and its constituent units. The ALP respects your privacy and will only use your information for the purposes of the ALP.

## Form Submission

**POST:** Locked Bag 3240, Melbourne VIC 3001

**IN PERSON:** 438 Docklands Drive, Docklands VIC 3008  
9am & 5pm Monday to Friday

**TEL:** 9933 8500 | **FAX:** 9933 8560

**EMAIL:** info@vic.alp.org.au

**ONLINE:** members.viclabor.com.au/SignIn

