



Legalise Cannabis South Australia

APPLICATION FOR STATE MEMBERSHIP

Please return this form to:

LCSA Party, PO Box 2228, Regency Park SA 5492

Please provide your details exactly the same as they are on the Electoral Roll. www.check.aec.gov.au

Title	
Given Names	
Surname	
Date Of Birth	
Address	
Suburb	
State	South Australia
Postcode	
Phone 1	
Phone 2	
Email	

I would like to become a member of Legalise Cannabis South Australia Party

Your Signature	
Today's Date	

Membership Declaration

I,
(name)

of
(address)

declare that I am a member of the **Legalise Cannabis South Australia Party**

Signed

Date