

<input type="checkbox"/> Elections ACT	
<h2>Application to register a ballot group for ACT Legislative Assembly elections</h2>	
<p>Please read the "How to register a ballot group" handbook to assist you to complete this form.</p>	
<p>Enquiries and this form should be addressed to:</p> <p>Elections ACT, PO Box 272, Civic Square ACT 2608 Plaza Level, Allara House, 48-56 Allara Street, Canberra Telephone: 6205 0224 Fax: 6205 0382 Email: elections@act.gov.au Website: www.elections.act.gov.au</p>	
<h3>Details of proposed ballot group</h3>	
Proposed name of ballot group:	<input type="text"/>
Proposed abbreviation of name (if any):	<input type="text"/>
Address for ballot group correspondence:	<input type="text"/>
	Postcode: <input type="text"/>
<h3>Details of proposed registered officer</h3>	
Name of proposed registered officer:	<input type="text"/>
Residential address:	<input type="text"/>
	Postcode: <input type="text"/>
Telephone numbers:	
Business: <input type="text"/>	Home: <input type="text"/> Fax: <input type="text"/> Mobile: <input type="text"/>
Email:	<input type="text"/>
Signature of proposed registered officer:	<input type="text"/> / /
<h3>Details of MLA sponsoring the ballot group</h3>	
Full name of MLA:	<input type="text"/>
Residential address:	<input type="text"/>
	Postcode: <input type="text"/>
Telephone numbers:	
Business: <input type="text"/>	Home: <input type="text"/> Fax: <input type="text"/> Mobile: <input type="text"/>
Email:	<input type="text"/>
Signature:	<input type="text"/> / /