

<input type="checkbox"/> Elections ACT
<b>Application to register a political party for ACT Legislative Assembly elections</b>
<b>Please read the "How to register a political party" handbook to assist you to complete this form. A copy of the party's constitution and a list of at least 100 members must accompany this application.</b>
<b>Enquiries and this form should be addressed to:</b> 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
<b>Details of proposed party</b>
Proposed name of party: <input type="text"/>
Proposed abbreviation of name (if any): <input type="text"/>
Address for party correspondence: <input type="text"/> <input type="text"/> Postcode: <input type="text"/>
<b>Details of proposed registered officer</b>
Name of proposed registered officer: <input type="text"/>
Residential address: <input type="text"/> <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"/> / /
<b>Details of secretary of party</b>
Full name: <input type="text"/>
Formal title of position held in party: <input type="text"/>
Residential address: <input type="text"/> <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"/> / /