

UKIP YOUTH

MEMBERSHIP APPLICATION FORM

- 1) The UK Independence Party believes that Parliament should be directly and solely accountable to the electorate of the United Kingdom and should not be subservient to the political institutions of European Union. The Treaty of Rome and Subsequent treaty agreements signed with the European Union are incompatible with this principle and must be rescinded in Parliament.
- 2) The UK Independence Party is campaigning to stop the break-up of the United Kingdom and splitting the United Kingdom into regions of the EU. We wish to restore parliamentary democracy at Westminster, with the power to enact legislation restricted to directly elected representatives only.
- 3) The UK Independence Party is an inclusive Party and is guided by the principle of non-discrimination: we seek the support of all persons of all races and religions who share our aims. The Party's commitment to the principle of non-discrimination receives special protection in the constitution.

Please complete your details in BLOCK CAPITALS

TITLE MR/MRS/MS ETC

SURNAME FORENAMES

ADDRESS

ADDRESS POSTCODE

CONTACT DAY: EVE: MOBILE

EMAIL FAX:

Please indicate if you can actively help us and outline any particular interests or experience, which could be of assistance.

Leaflet/Canvass Assist local branch I am a student Stand at elections

Experience/Interests

Annual membership subscription is £20, £10 OAP/Student/Benefits. However, as the Party would not be able to fund activities from the subscription alone, you are earnestly requested to make voluntary donation if you possibly can. All donations, large or small are greatly appreciated.

Membership subscription- please select your method of payment below

1) Cheque (payable UKIP) for £ Please tick the box on the right if you are paying the £10 OAP/Student/Benefit Rate

(Annual membership fee plus, where applicable, a voluntary donation) is

2) Please debit my credit card the amount of £ We accept Visa, MasterCard Switch or Delta

(Annual membership fee plus, where applicable, a voluntary donation) is enclosed.

Card Number Expiry Date

Issue Number Switch only Security No.

Signature Name as on card

I would like details on how to pay future subscriptions by standing order

For office use only Received _____ ENT: _____ Membership no: _____



Please return this form to:
UK Independence Party, PO Box 408, Newton Abbot, TQ12 9BG. Tel: 01626 831 290
Email: Mail@ukip.org

