



Fields marked with an * must be completed. Incomplete membership applications will not be accepted. Please write clearly. Thank you.

First Name*	Last Name *			Phone Number *			
Residential Address *		City*			Postal Code*		
Mailing Address (if different fro	om Residential Addr	ress)					
DD / MM / YYYY				_ 🗌 I do not have	e an email address		
Date of Birth *	Gender	E-Mail*					
			currently living in British Col	umpia. I am making	g this donation on my		
2) MEMBERSHIP	lf of any organizatio	on, union, busines		מחשמ. דמה המגוחנ	g this donation on my		
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3) PAYMENT INFORMATION

Please fill out the following information if you are setting up a monthly Pre-Authorized Contribution (PAC) from your chequing account or credit card. Please fill out your credit card information if you are making a one-time contribution. If paying by cash or personal cheque payable to 'BC NDP' your fee must be securely attached to this form.

Chequing Account

Bank Name	Name on Account		
Transit Number Bank Number	Account Number		
Mastercard/Visa/American Express			
Credit Card Number	/ Exp Date		

4) SIGNATURE

By submitting this form you are agreeing to the following statement: I am not a member nor supporter of any other political party. I declare that I accept and will abide by the Constitution, principles, and policies of the NDP of B.C. and of Canada.

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Date

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