



# Today's BC Liberals MEMBERSHIP APPLICATION



## YES, I want to join Today's BC Liberals

ALL INFORMATION REQUIRED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Mr.  Mrs.  Ms.  Dr.  Other: \_\_\_\_\_

FIRST NAME

LAST NAME

RESIDENTIAL ADDRESS

CITY/TOWN

PROVINCE

POSTAL CODE

MAILING ADDRESS *If not the same as above*

CITY/TOWN

PROVINCE

POSTAL CODE

**MEMBERSHIP APPLICATIONS MUST HAVE ONE VALID PHONE NUMBER AND EMAIL ADDRESS**

EMAIL ADDRESS *One email address may be used for up to 5 memberships in a single household.*

*If you do not have an email address, please complete the Certification Form available at BCLiberals.com. You may change your email subscription options at any time.*

HOME TEL. NUMBER

CELL NUMBER

*At least one phone number is required.*

## YOUR MEMBERSHIP

4-YEAR MEMBERSHIP:  REGULAR (\$10)

YOUTH 14-25 (\$5) Date of Birth **REQUIRED** (MM/DD/YYYY):

OPTIONAL:  I would like to join the Women's Network (complimentary)  I would like to join the Indigenous Network (complimentary)

PAYMENT METHOD:  Personal cheque

Credit card

I have included a donation of \$  with my membership.

NAME *As shown on card*

CARD NUMBER

CARD EXPIRY (MM/YY)

*Payment by cash or prepaid credit card is prohibited. A personal cheque or valid credit card may be used to pay for up to 5 memberships in a single household.*

I hereby apply for membership in the BC Liberal Party and affirm that I am not a member of any other provincial party. I understand that my membership does not take effect until a properly completed application in the required form (which includes a Certification Form if I do not have an email address) and payment of the membership fee is received by BC Liberal Party head office.

APPLICANT SIGNATURE *Required*

Who signed you up? *If applicable*

DATE (MM/DD/YYYY)

At which event? *If applicable*

PLEASE RETURN COMPLETED APPLICATION TO: Today's BC Liberals, PO Box 28131 West Pender St PO Vancouver, BC V6C 3T7



## CERTIFICATION FORM

TO BE COMPLETED ONLY IF YOU DO NOT HAVE AN EMAIL ADDRESS

Mr.  Mrs.  Ms.  Dr.  Other: \_\_\_\_\_

FIRST NAME

LAST NAME

RESIDENTIAL ADDRESS

CITY/TOWN

PROVINCE

POSTAL CODE

MAILING ADDRESS *If not the same as above*

CITY/TOWN

PROVINCE

POSTAL CODE

I HEREBY CERTIFY THAT **I DO NOT** HAVE AN EMAIL ADDRESS.

APPLICANT SIGNATURE *Required*

DATE

WITNESS NAME *Please print*

WITNESS SIGNATURE

DATE