



ALL APPLICANTS COMPLETING THIS FORM MUST BE RESIDENT AT THE SAME ADDRESS AND MUST EACH PROVIDE THEIR SIGNATURE.

RESIDENTIAL AND MAILING ADDRESS

RESIDENTIAL ADDRESS

HOME TELEPHONE NO.

CITY/TOWN

PROVINCE

POSTAL CODE

MAILING ADDRESS *If not the same as above*

CITY/TOWN

PROVINCE

POSTAL CODE

MEMBER APPLICATIONS

By signing, each individual applicant indicates that: 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.

WHO SIGNED YOU UP? *If applicable*

AT WHAT EVENT? *If applicable*

MEMBER 1: Mr. Mrs. Ms. Dr. Other: _____

FIRST NAME

LAST NAME

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)

EMAIL ADDRESS *May be used for up to 5 memberships in a single household.*

CELL NUMBER

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.

APPLICANT SIGNATURE *Required*

DATE

MEMBER 2: Mr. Mrs. Ms. Dr. Other: _____

FIRST NAME

LAST NAME

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)

EMAIL ADDRESS *May be used for up to 5 memberships in a single household.*

CELL NUMBER

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APPLICANT SIGNATURE *Required*

DATE

MEMBER 3: Mr. Mrs. Ms. Dr. Other: _____

FIRST NAME

LAST NAME

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)

EMAIL ADDRESS *May be used for up to 5 memberships in a single household.*

CELL NUMBER

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.

APPLICANT SIGNATURE *Required*

DATE

MEMBER 4: Mr. Mrs. Ms. Dr. Other: _____

FIRST NAME

LAST NAME

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)

EMAIL ADDRESS *May be used for up to 5 memberships in a single household.*

CELL NUMBER

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APPLICANT SIGNATURE *Required*

DATE

MEMBER 5: Mr. Mrs. Ms. Dr. Other: _____

FIRST NAME

LAST NAME

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)

EMAIL ADDRESS *May be used for up to 5 memberships in a single household.*

CELL NUMBER

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APPLICANT SIGNATURE *Required*

DATE

PAYMENT INFORMATION

PAYMENT METHOD: Personal cheque ENCLOSED Credit card INFORMATION BELOW I am also including a donation of \$

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.

CARDHOLDER SIGNATURE

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