

Yes! I'll join the New Democrats



MEMBERSHIP FORM

Name: _____

Address: _____

City: _____

Province/Territory: _____ Postal Code: _____

Email: _____

Phone (home): _____

Phone (work): _____

Preferred Language: ☐ English ☐ French

Your birthday: ____ / ____ / ____ (year/month/day)

Union name: _____

Local: _____

DO YOU IDENTIFY AS

- ☐ Visible minority ☐ First Nations, Métis, Inuit
☐ Woman ☐ Person living with a disability
☐ Gay, lesbian, bisexual, transgendered

MEMBER DECLARATION

I, the undersigned, hereby apply for membership in the New Democratic Party of Canada and the NDP in the province/territory of my residence where applicable. I promise to abide by the Constitution, policies and principles of the NDP both federally and provincially/territorially. I hereby state that I am not a member nor supporter of any other federal political party, nor a member or supporter of any other provincial or territorial party where there is a provincial or territorial NDP.

Signed: _____

Date: _____

MEMBER FEE

Please check which applies to you

| | Individual | Youth (26 or younger) | Un(der)employed |
|---------|-------------------------------|-------------------------------|-------------------------------|
| BC | <input type="checkbox"/> \$10 | <input type="checkbox"/> Any* | <input type="checkbox"/> Any* |
| AB | <input type="checkbox"/> Any* | <input type="checkbox"/> Any* | <input type="checkbox"/> Any* |
| SK | <input type="checkbox"/> \$10 | <input type="checkbox"/> \$7 | <input type="checkbox"/> \$10 |
| MB | <input type="checkbox"/> \$20 | <input type="checkbox"/> \$5 | <input type="checkbox"/> \$6 |
| ON | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$5 | <input type="checkbox"/> \$5 |
| QC | <input type="checkbox"/> \$10 | <input type="checkbox"/> \$5 | <input type="checkbox"/> \$5 |
| NB | <input type="checkbox"/> \$10 | <input type="checkbox"/> \$10 | <input type="checkbox"/> \$10 |
| NS | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$5 | <input type="checkbox"/> \$5 |
| PEI | <input type="checkbox"/> \$20 | <input type="checkbox"/> \$10 | <input type="checkbox"/> \$10 |
| NL | <input type="checkbox"/> Free | <input type="checkbox"/> Free | <input type="checkbox"/> Free |
| YT | <input type="checkbox"/> \$20 | <input type="checkbox"/> \$10 | <input type="checkbox"/> \$5 |
| NWT | <input type="checkbox"/> \$10 | <input type="checkbox"/> \$1 | <input type="checkbox"/> \$1 |
| Nunavut | <input type="checkbox"/> \$10 | <input type="checkbox"/> \$10 | <input type="checkbox"/> \$10 |

* The membership fee of "Any" requires a minimum contribution of \$1.

ADDITIONAL DONATION

I would like to make a donation in addition to my membership fee.

☐ \$25 ☐ \$50 ☐ \$75 ☐ Other _____

TOTAL: \$ _____

PAYMENT METHOD

☐ Enclosed please find my cheque or money order made payable to Canada's NDP

Please charge my: ☐ Visa ☐ MasterCard

Card #: _____

Expiry: _____

Cardholder name: _____

Signature: _____

Please note that in accordance with the Canada Elections Act - we cannot accept cash amounts over \$20 and that your member fee is not tax receiptable.

Please mail completed form together with your payment to

Canada's New Democrats, 300-279 Laurier Avenue West, Ottawa ON K1P 5J9

ndp.ca/join