

Membership form

Name: _____

Address: _____

City: _____

Province/Territory: _____ Postal Code: _____

Email: _____

Phone: _____

Phone (work): _____

Preferred Language: ☐ English ☐ French

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

Union name: _____

Local: _____

DO YOU IDENTIFY AS

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

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"/> \$1	<input type="checkbox"/> \$1
AB	<input type="checkbox"/> \$1	<input type="checkbox"/> \$1	<input type="checkbox"/> \$1
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"/> \$2
NL	<input type="checkbox"/> Free	<input type="checkbox"/> Free	<input type="checkbox"/> Free
YT	<input type="checkbox"/> \$10	<input type="checkbox"/> \$5	<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

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