

Voice New Westminster

Application for Membership

(Membership effective upon acceptance by the Board of Directors)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr.	Mrs.	Ms.	Miss	Dr.	Other

Last Name: _____

First Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Email: _____

YES, I am willing to receive official meeting notices from Voice New Westminster by email.

Date: _____ Signature: _____

I hereby apply for membership or renewal of membership in **Voice New Westminster** and warrant that I am eligible to vote in a New Westminster Civic election and am not a member or supporter of another Civic Political Party or Electors' organization in New Westminster. The **membership fee is \$10.00** payable by cheque or by cash accompanied by government issued identification.

(Note: Only individuals who are eligible to vote in a New Westminster civic election may apply for membership).

For Official Use Only	New Member <input type="checkbox"/>	Renewal <input type="checkbox"/>
Processed by: _____	Date of Acceptance: _____	
Date: _____	President: _____	
Receipt #: _____	Secretary: _____	
(Affix Membership # sticker here)	(Not valid unless signed and sealed)	

Upon acceptance as a member you will be sent an official copy of this form as proof of membership

(The membership term shall be from the approval of an Application for Membership by the Board of Directors to the end of the following Annual General Meeting.)