



# Burnaby Citizens Association

## Application for Membership

DATE: DAY MONTH YEAR  
[ ] [ ] [ ]

FIRST NAME MIDDLE INITIAL LAST NAME  
NAME (please print clearly): [ ] [ ] [ ]

SUITE NUMBER STREET ADDRESS  
ADDRESS: [ ] [ ] , Burnaby, BC

HOME NUMBER: CELL NUMBER:  
POSTAL CODE: [ ] TELEPHONE: [ ] [ ]

EMAIL ADDRESS: [ ]

Initial MEMBERSHIP FEE is \$40 for new and lapsed members. Renewal is \$20 per year. Membership runs from April 1 to March 31 each year:

- I have included a cheque for membership.
- Please process my credit card in the amount of \$ \_\_\_\_\_ :

CREDIT CARD:  Visa  MasterCard  
CARD NUMBER: [ ]  
Name as it appears on card: \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please note: Payment must be made by the individual applicant or an immediate family member. Immediate family member is defined as a parent, child, sibling or spouse. If the person submitting the Application for Membership is doing so for an immediate family member, please indicate the nature of the relationship between the applicant and the person submitting the form:*

Name of person submitting form or payment (if other than Applicant): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Form of Payment:  Cheque  Credit Card

*If the person submitting the membership form is a canvasser, the canvasser must be a current member of the Burnaby Citizens Association and must provide the following information:*

Canvasser Name: \_\_\_\_\_

Canvasser Address: \_\_\_\_\_

Canvasser Telephone Number: \_\_\_\_\_

Canvasser Signature: \_\_\_\_\_

I acknowledge that I meet the requirements for membership in the Burnaby Citizens Association (BCA), specifically that I:

- a) reside in the City of Burnaby, and
- b) am a member in good standing of the British Columbia New Democratic Party (BC NDP), and
- c) am not a member or supporter of another civic political party or independent candidate running in opposition to the BCA in Burnaby, and
- d) have paid the membership fee of \$20.00 (please include payment by cheque or credit card with this application form - cash is not accepted), and
- e) have included with this Application for Membership a legible photocopy of identification that confirms my name and address and includes my signature (one piece of ID that confirms my name, address and signature or two pieces of ID with one that includes my name and signature and the other with my name and current address).

Signature of Applicant: \_\_\_\_\_

OFFICE USE ONLY:

	a	b	c	d	e	payment	ID
YES							
NO							

Processed by (please print name): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_