



BC Refederation Party - Membership Application Form

Please print this form, complete and mail it along with payment to the following address:

**BC Refederation Party
PO Box 1001, Stn A.
Nanaimo, BC, V9R 3Z2**

Given Name: _____ Telephone: _____

Family Name: _____ eMail: _____

Address: _____

City: _____ Province: _____

Postal Code _____

Membership (Check One) New Member Renewal

Membership Number(Renewals only) _____

Constituency (If Known): _____

Method of Payment: Bank Draft Cheque Money Order PayPal

**Make payable to BC REFED.
PLEASE DO NOT SEND CASH THROUGH THE MAIL!**

Please note we only accept 1 year memberships at this time.

1 Year Membership: \$10

Donation: \$ _____

Total: \$ _____

I wish to join the BC Refederation Party, and enclose my membership fee of \$10.00 per year. I agree to support the Principles and Aims of the BC Refederation Party. I declare that I am ordinarily a resident of B.C. and over 15 years of age.

Signature of Applicant: _____ Date: _____