

# NDP MEMBERSHIP FORM

Yes Jack! I'll join the New Democrats

## 1. SHARE YOUR PERSONAL INFO

Given Name: \_\_\_\_\_  
 Family Name: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 Unit #: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Province/Territory: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Postal code: \_\_\_\_\_  
 Phone number (home): \_\_\_\_\_  
 Phone number (work): \_\_\_\_\_  
 Preferred language:  English or  French  
 Your birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
year month day

## 2. ADD YOUR ADDITIONAL INFO

Are you a union member?  yes  
 Union name: \_\_\_\_\_  
 Local: \_\_\_\_\_  
 Please indicate if you belong to one of the following equity seeking groups and would like to receive mail on relevant issues.  
 Aboriginal  
 Gay, lesbian, bisexual, transgendered  
 Person living with a disability  
 Visible Minority  
 Woman

## 3. SIGN THE 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: \_\_\_\_\_

## 4. CHOOSE YOUR PAYMENT OPTION

- HASSLE-FREE MEMBERSHIP**  
 Your membership fees will be included in a monthly contribution by credit card or by chequing account (please insert a personal cheque marked void). Your membership will be renewed automatically every year. The minimum monthly contribution is \$5.  
 Monthly contribution:  
 \$5  \$10  \$20  \$25  \$50  
 Other: \_\_\_\_\_
- ONE YEAR REGULAR MEMBERSHIP**  
 \$10 Individual  
 \$ Any Youth (26 or younger)  
 \$ Any Un(der) employed

### PAYMENT METHOD

- Enclosed please find my cheque made payable to Canada's NDP
- Please charge my:  Visa or  MasterCard  
 Card #: \_\_\_\_\_  
 Expiry: \_\_\_\_\_  
 Cardholder's name: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature: \_\_\_\_\_

### TAX CREDIT INFORMATION

Monthly Donation	Total Annual Contribution	Your Tax Credit	Actual Cost:	
			Annually	Monthly
\$10	\$120	\$90	\$30	\$2.50
20	240	180	60	5.00
30	360	270	90	7.50
50	600	400	200	16.67

*Please note your membership fee is NOT eligible for tax credits. Any donation above your membership fee is eligible for tax credits. For example, if your membership fee is \$10 and you wish to give \$100, you will receive a tax credit for \$90.*