

MARXIST-LENINIST PARTY OF CANADA
P.O. Box 666, Postal Station C, Montreal, Quebec H2L 4L5
Tel: (416) 253-4475 / (514) 522-1373
E-mail: info@mlpc.ca



PARTI MARXISTE-LÉNINISTE DU CANADA
Boîte postale 666, succursale C, Montréal, QC H2L 4L5
Tél: (514) 522-1373 / (416) 253-4475
Courriel: info@mlpc.ca

Membership and Supporter Form

(Pour recevoir le formulaire en français écrire à info@mlpc.ca)

First and Last Name: _____

Address: _____

City: _____ Postal Code: _____ Riding _____

Telephone: _____ E-Mail: _____

- Status: Elector (Canadian citizen at least 18 years of age)
 Permanent Resident (non-electors, at least 18 years of age)
 Canadian citizen at least 16 years of age
 Permanent Resident at least 16 years of age

I would like to be: a member a supporter

I would like to make a contribution of:

\$ _____ monthly or \$ _____ annually or \$ _____ at this time.

I would like to receive an official receipt for tax credit purposes ___ yes ___ no

Membership Fee: \$10.00 _____

(see contact/membership page on mlpc.ca website for current contribution limits and tax credits)

Signature: _____ Date: _____

The information requested below is for purposes of providing a portrait of the MLPC's membership and support and enables us to organize appropriate activities. The information will remain confidential and is optional.

Age: _____ Gender: _____

Occupation: Worker: Place of Work: _____

Sector of the economy: _____

Student: highschool college training school University

Name of Institution: _____

Professional: Specify: _____

Other organizations you belong to: trade, political, social, cultural, etc.:

For office use only

Membership number: _____ Card Expiry Date: _____

Authorized by: _____ Date: _____