

**PARTI MARXISTE-LÉNINISTE DU CANADA**

Boîte postale 666, succursale C, Montréal, QC H2L 4L5

514-522-1373, 613-792-4475

pmlc@cpcml.ca



**MARXIST-LENINIST PARTY OF CANADA**

P.O. Box 666, Postal Station C, Montreal, Quebec H2L 4L5

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mlpc@cpcml.ca

**Membership/Supporter Form**

*(Pour recevoir le formulaire en français écrire à pmlc@cpcml.ca)*

First and Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

- Status:  Elector (Canadian citizen at least 18 years of age)  
 Permanent Resident (non-elect, 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 reverse for details on membership fee and contributions)

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.*

<p>Age:____ Gender:____</p> <p>Occupation: <input type="checkbox"/> Worker: Place of Work: _____  Sector of the economy: _____</p> <p><input type="checkbox"/> Student: <input type="checkbox"/> highschool <input type="checkbox"/> college <input type="checkbox"/> trade school <input type="checkbox"/> university <input type="checkbox"/> other</p> <p>Name of Institution: _____</p> <p><input type="checkbox"/> Professional: Specify: _____</p> <p>Other organizations you belong to: trade, political, social, cultural, etc.:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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*For office use only:*

Membership number: \_\_\_\_\_ Card Expiry Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_