

MARXIST-LENINIST PARTY OF CANADA

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PARTI MARXISTE-LÉNINISTE DU CANADA

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Tél: (514) 522-1373, (613) 792-4475
Courriel: bureau@cpml.ca

Membership/Supporter Form

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

For office use only:

Membership number: _____ Card Expiry Date: _____

Authorized by: _____ Date: _____