



coalition of responsible electors

CONTACT INFORMATION (Please print clearly)

First Name

Middle Initial

Last Name

Apt #

Street#

Street Name

City

Province

Postal Code

Primary Phone

Email Address

GET INVOLVED (Please print clearly)

Yes, I'd like to volunteer!

Comments: _____

MEMBERSHIP TYPE (Check one)

Membership

One year at \$10

Yes, I'd like to make a donation

Amount: \$25

\$50

\$100

Other \$ _____

Total payment: \$ _____

Payment type: Cheque or Cash

Please make cheques payable to "Coalition of Responsible Electors"

I hereby apply for a C.O.R.E membership. I am a Canadian Citizen, over 18 years of age and a permanent resident at the address listed above. I, or a member of my household, have paid my own membership fee. I am not a member of any other civic party in Nelson.

C.O.R.E. is fully committed to ensuring that all personal information gathered in the course of its activities complies with the Personal Information Protection Act. I hereby consent to the collection, use and disclosure by C.O.R.E. of the personal information set out in this application for the purposes of campaign activities undertaken by C.O.R.E.

Completed application forms can be dropped off at or mailed to: 517 Victoria Street, Nelson B.C. V1L 4K7

Applicant's Signature

Date