



Yes! I want to join the Coalition of Progressive Electors.

CONTACT INFORMATION

Mr Mrs Ms Miss Dr

First Name Middle Name Last Name

Street # Street Name

City Postal Code
Home Phone Cell Phone Texts OK? Work Phone

Email Address Send me the COPE Newsletter Birth Date (optional MMM-DD-YYYY)

PLEASE COMPLETE BELOW IF YOUR HOME ADDRESS IS NOT LOCATED IN VANCOUVER

Employer Name Work Street # Work Street Name

Work City Work Postal Code

MEMBERSHIP DONATION

GREEN SUSTAINING MEMBER

Choosing this option helps COPE work every day to help build a Vancouver for Everyone. You will join a dedicated group of members that COPE can count on every month. It also saves us time, money, and the environment by cutting down on yearly paperwork.

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MY MONTHLY DONATION OF:

\$50 \$30 \$20 \$10 \$5 Other

1 YEAR MEMBERSHIP

This membership is valid for 12 months, and must be renewed every year in order to maintain your privileges, like voting at our annual general meetings or candidate nominations. While you can donate whatever you can afford, the suggested amount is \$20.

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MY ONE-TIME DONATION OF:

\$500 \$200 \$100 \$50 \$20 Other

PAYMENT METHOD:

Cash Cheque Credit Card

Credit Card # VISA MASTERCARD Expiry

It is easier for us to process monthly donations with a void cheque, but we can also accept a credit card.

Mail cheques made payable to **COPE** here:
PO BOX 4395 Stn Terminal • Vancouver, BC • V6B 3Z8

X

Signature (required)

I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAC agreement I may contact my financial institution or visit www.cdnpay.ca. If this is a monthly contribution, I do not need to be pre-notified of each transaction. I recognize that this is a personal contribution. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

DECLARATION

By signing below, I agree that I endorse the purposes of COPE, as determined by our constitution, by-laws and membership.

X

Signature (required)

Date (MMM-DD-YYYY)