COPE
進步選民聯盟

Join the Coalition of Progressive Electors

CONTACT INFORMATION

First Name | Last Name

Apt # | Street # | Street Name

City | Postal Code

Home Phone | Cell Phone | Work Phone

Email Address | Application Date (YYYY-MM-DD)

☐ My school or work is not located in Vancouver (fill in information below)

Employer/School Name | Work Street # | Work Street Name

Work City | Work Postal Code

MEMBERSHIP DONATION

☐ ACTIVE CAMPAIGNER

Choosing this option helps COPE work every day to help build a more affordable Vancouver. You 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.

Supporting monthly is the best way to support COPE.

☐ $100/mo ☐ $50/mo ☐ $30/mo ☐ $20/mo ☐ $10/mo ☐ $5/mo ☐ Other _____

☐ 1 YEAR MEMBERSHIP

This option makes you an active member for 12 months, and allows you to vote at COPE meetings. The minimum donation is $1. Please be as generous as you can, within your means.

The suggested amount is $20.

ONE-TIME DONATION OF:

☐ $500 ☐ $200 ☐ $100 ☐ $50 ☐ $20 ☐ Other _____

PAYMENT METHOD:

☐ Cash ☐ Cheque* ☐ Credit Card

*Cheque is preferred for monthly processing but credit cards are also accepted.

Mail cheques made payable to COPE here:
#211A-175 East Broadway
Vancouver BC V5T 1W2

Credit Card # ☐ VISA ☐ MASTERCARD | Expiry | CVC

I agree with COPE's constitution and apply to become a member:

X _____ _____

Signature (required) | Date

For internal use only:
Date: _____ ☐ PH
Init: _____ ☐ DB ☐ OP ☐ EX ☐ PAC

I may revoke my pre-authorized constribution 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.

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