

Political Party

The information which appears on this document is of public interest as defined under the Act respecting access to documents held by public bodies and may be verified by the Chief Electoral Officer of Québec.

I, the undersigned, state that I am an elector, that I am a member of the aforementioned party and that I am in favour of the application for authorization of this party with the Chief Electoral Officer of Québec.

MEMBER		ADDRESS		MEMBERSHIP CARD
Surname	Given name	No.	Street	Apt.
SIGNATURE ►		Municipality	Postal code	Telephone *
Expiry date				
Surname	Given name	No.	Street	Apt.
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Expiry date				
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Expiry date				
Surname	Given name	No.	Street	Apt.
SIGNATURE ►		Municipality	Postal code	Telephone *
Expiry date				

* Optional information

This document was filled out between the following dates:

Y	M	D

and

Y	M	D

Date

Signature of the party leader