



REGISTRATION OF A CONSTITUENCY ASSOCIATION

INITIAL REGISTRATION CHANGE TO REGISTRATION

OFFICE USE ONLY

Full Name of Registered Constituency Association Including Electoral Division (ED)

ED No.

Full Name of Registered Political Party

Constituency Association Chief Financial Officer

Name, Phone No., Cell No., Address, City, Prov. AB, Postal Code, Email

Constituency Association President

Name, Phone No., Cell No., Address, City, Prov. AB, Postal Code, Email

Place Where Records are Maintained

Name, Phone No., Cell No., Address, City, Prov. AB, Postal Code, Email

Mailing Address of Constituency Association

Address, City, Prov. AB, Postal Code, Phone No., Fax No.

Name of Financial Institution

Name of Financial Institution, Address, City, Prov. AB, Postal Code, Phone No., Fax No.

Name of Signing Officer

Registered Political Party's or Independent's Endorsation

(To be completed when applying for initial registration or reregistration as a result of being deregistered)

Signature of authorized party representative or Independent M.L.A. Date:

Acceptance by the Office of the Chief Electoral Officer

Signature as authorization by the Office of the Chief Electoral Officer Date:

- NOTE: a. Initial application for registration must have Statement of Assets and Liabilities attached. b. Where there is any change in the above mentioned information, the registered constituency association shall notify the Chief Electoral Officer in writing within thirty (30) days of such change. c. Additional information, as required, should be attached on a separate sheet.