

INITIATIVE ADVERTISING SPONSOR

APPLICATION FOR REGISTRATION

(16/03)

PLEASE PRINT IN BLOCK LETTERS AND SIGN WHERE REQUIRED SEE REVERSE SIDE FOR INSTRUCTIONS

NAME OF INITIATIVE						
FULL NAME OF APPLICANT / ORGANIZATION						
USUAL NAME OF ORGANIZATION (IF DIFFERENT FROM ABOVE)						
FULL ADDRESS OF APPLICANT			PHONE NO.		FAX NO.	
CITY / TOWN	PROVINCE	POSTAL CODE	CONTACT NA	AME		
EMAIL						
COMMUNICATIONS ADDRESS OF APPLICANT (IF DIFFERENT FROM ADDRESS ABOVE) +						
CITY / TOWN				PROVINCE	POSTAL CODE	
+ Any notice required or authorized under the <i>Recall and Initiative Act</i> is deemed to be given if it is delivered to this address. Principal officers, or if none, principal members of the organization (if more space is needed, attach additional sheets)						
NAME OF PRINCIPAL OFFICER / MEMBER NAME OF PRINCIPAL OFFICER / MEMBER						
NAME OF PRINCIPAL OFFICER / MEMBER	NAME OF	F PRINCIPAL OFFICER / MEMBER				
 I, the undersigned, declare that: (a) I am authorized to act on behalf of the above-mentioned applicant, if the applicant is an organization; (b) the applicant is not prohibited by section 99 of the Recall and Initiative Act from being registered; (c) the applicant does not intend to sponsor initiative advertising for any purpose related to circumventing the provisions of the Recall and Initiative Act limiting the value of initiative expenses that may be incurred by an authorized participant: and, (d) to the best of my knowledge, information and belief, the contents of this declaration are complete and accurate. 						
PRINTED NAME OF APPLICANT OR PRINCIPAL OFFICER / MEMBER PRINTED			NAME OF PRINCIPAL OFFICER / MEMBER			
SIGNATURE OF APPLICANT OR PRINCIPAL OFFICER / MEMBER			SIGNATURE OF PRINCIPAL OFFICER / MEMBER			
DATE: (YYYY / MM / DD)	DATE: (YYY	DATE: (YYYY / MM / DD)				
WARNING: Signing a false statement is a serious offence and is subject to significant penalties.						
CHIEF ELECTORAL OFFICE USE ONLY						
APPLICATION RECEIVED (YYYY / MM / DD)	ACCEPTED / RE	EJECTED (YYYY/MM/	DD)	EGISTRATION NU	MBER	

INITIATIVE ADVERTISING SPONSOR APPLICATION FOR REGISTRATION – FORM 930

PLEASE PRINT IN BLOCK LETTERS AND SIGN WHERE REQUIRED

This is the application form for registration of an initiative advertising sponsor. It requests basic information about the applicant and a declaration for completion by the applicant. An applicant may be either an individual or an organization.

Name of initiative: Identify the initiative petition or initiative vote in relation to which you wish to register as a sponsor.

Full name of applicant / organization: Enter the full name of the applicant. If the applicant is an organization, enter the full name of the organization.

Usual name of organization (if different from above): If the applicant is an organization with a usual name different from the full name entered above, enter the usual name of the organization in this box.

Full address of applicant: Enter the full address of the applicant. Complete the **city/town**, **province** and **postal code** in the appropriate spaces.

Phone number: Enter a phone number at which the applicant can be contacted.

Fax number: Enter a fax number at which the applicant can be contacted. This is voluntary information.

Contact name: An applicant contact name may be entered in this space. This may be particularly useful if the applicant is an organization.

Email: Enter an email address at which the applicant can be contacted. This is voluntary information.

Communications address of applicant (if different from address above): Enter an address at which communications may be delivered to the applicant. Complete the **city / town** name and **postal code** in the appropriate spaces. If communications may be sent to the address entered under **full address of applicant** above, this field need not be completed.

Name of principal officer / member: If the applicant is an individual, do not complete this area. If the applicant is an organization, print the name of each principal officer of the organization or, if there are no principal officers, the principal members of the organization. Attach an additional sheet if more space is needed. A minimum of two principal officers or principal members must be identified.

Printed name of applicant or principal officer / member: If the applicant is an organization, print the name of the principal officer or principal member who signed the declaration on behalf of the organization.

Signature of applicant or principal officer / member: This declaration must be signed by the applicant if the applicant is an individual. If the applicant is an organization, the declaration must be signed by two principal officers of the organization or, if there are no principal officers, by two principal members of the organization. Signing a false statement is a serious offence and is subject to significant penalties under section 162 of the *Recall and Initiative Act*.

For more information Phone toll-free 1-800-661-8683/TTY 1-888-456-5448

or contact
Elections BC

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