

PETITION TO REGISTER A PROVINCIAL POLITICAL PARTY

Office		(Print Name)		Full Residential Address (incl. unit); Legal Land Address;	Telephone Number	Are you an elector?	0
Use Only		Given Name(s)	Surname	or 9-1-1 Address	(include area code)	YES/NO	Signature
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The obje	ective of this petition is to request that	t the Chief Electoral Officer of t	he Province of Alberta register the			as a			
registered political party under the provisions of the <i>Election Finances and Contributions Disclosure Act</i> of Alberta. (reserved name of party)									
Please	print legible and all information mu	st be in ink.							
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			ATTESTATION OF CANVASSER						
			tion was signed in my presence, was not obtained th						
	ass date(s) noted above in date column ified to do so.	. To the best of my knowledge an	d belief, each signature is the genuine signature of th	ne person whose name it purp	ports to be and the pers	son who signed the petition			
()	-					yyyy/mm/dd			
telep	hone number given name(s)	surname ne of canvasser	address of canvasser	signature of c	anvasser	date			
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^{*}An elector must meet ALL of the following criteria: 1) must be a Canadian Citizen; 2) must be at least 18 years of age; and 3) must have been ordinarily resident in Alberta for the preceding six (6) months.