



APPLICATION FOR MAIL-IN BALLOT - PC LEADERSHIP

District: _____ Poll No. and name (if known): _____

SURNAME: _____ GIVEN NAME: _____

Date of Birth: (YYYY/MM/DD) _____ Gender: M ___ F ___

YOUR P.E.I. ADDRESS:

Civic Number: _____ Street/Road: _____ Apt. #: _____

City/Town: _____ Postal Code: _____

Address where we will deliver your Mail in Ballot:

Civic Number: _____ Street/Road: _____ Apt. #: _____

Cit/Town: _____, Province/State: _____ Postal/Zip Code: _____

Home Phone: _____ Current Phone or Cell: _____ Fax: _____

Email address: _____

You must be a current paid-up member of the Progressive Conservative Party to receive a mail-in ballot

DATE OF CONVENTION: October 20, 2017

DECLARATION: I declare:

- That I am at least 14 years of age;
- That I am a Canadian citizen or permanent resident of Canada;
- That I am a primary resident of _____ and have been for a period of six months before the date of the Convention or I am enrolled in full time studies at an educational institution;
- That my current P.E.I. address is as stated in Civic address above;
- That I am not a member of another Prince Edward Island political party;
- That I support the Progressive Conservative Association of Prince Edward Island and its Vision, Mission and Values as outlined in Article 3 of the Party's Constitution;
- That I have submitted the appropriate membership application and fee as set out in Article 9 of the Party's Constitution.

Date: _____

Signature of Party Member: _____

Note: You must include a copy of an official document showing your name, address, date of birth and signature (such as your Driver's License) or a combination of two documents showing the required information.

**If you are applying to vote by Mail-in Ballot and your application is accepted,
you may not vote in any other manner.**

See attached instructions for return of this form.