ELECTIONS BC
A non-partisan Office of the Legislature

ELECTION ADVERTISING SPONSOR
APPLICATION FOR REGISTRATION

422
(16/03)

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

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 NAME	
EMAIL				
COMMUNICATIONS ADDRESS OF APPLICANT (IF DIFFERENT FROM ADDRESS ABOVE) +				
CITY / TOWN			PROVINCE	POSTAL CODE

+ Any notice required or authorized under the *Election Act* 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 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 247 of the *Election Act* from being registered;

(c) I do not intend to sponsor election advertising for any purpose related to circumventing the provisions of the *Election Act* limiting the value of election expenses that may be incurred by a candidate or registered political party and will not sponsor election advertising on behalf of or together with a candidate, registered political party, or registered constituency association; 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: (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 / REJECTED (YYYY / MM / DD)	REGISTRATION NUMBER

This form is available for public inspection.
PLEASE KEEP A COPY FOR YOUR RECORDS.

This information is collected under the authority of the *Election Act* and the *Freedom of Information and Protection of Privacy Act.* The information will be used to administer provisions under the *Election Act*. Questions can be directed to: **Privacy Officer, Elections BC** 1-800-661-8683, privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

ELECTION ADVERTISING SPONSOR
APPLICATION FOR REGISTRATION – FORM 422

PLEASE PRINT IN BLOCK LETTERS AND SIGN WHERE REQUIRED

This is the application form for registration of an election 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.

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 is useful if the applicant is an organization. This is voluntary information.

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 266 of the *Election Act*.

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

or contact
Elections BC
Mailing address: PO Box 9275 Stn Prov Govt, Victoria, BC V8W 9J6
Phone: 250-387-5305
Fax: 250-387-3578
Toll-free Fax: 1-866-466-0665
Email: electoral.finance@elections.bc.ca
Website: elections.bc.ca