

INITIATIVE VOTE APPLICATION FOR OPPONENT OR PROPONENT REGISTRATION

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

TITLE OF INITIATIVE				
FULL NAME OF APPLICANT/ORGANIZATION			<input type="checkbox"/> OPPONENT <input type="checkbox"/> PROponent	
USUAL NAME OF ORGANIZATION (IF DIFFERENT FROM ABOVE)				
FULL ADDRESS OF APPLICANT			CONTACT NAME	
CITY/TOWN	PROVINCE	POSTAL CODE	PHONE	FAX
EMAIL				
COMMUNICATIONS ADDRESS OF APPLICANT (IF DIFFERENT FROM ADDRESS ABOVE) *				
CITY/TOWN	PROVINCE	POSTAL CODE		

* Any notice required or authorized under the *Recall and Initiative Act* is deemed to be given if it is delivered to this address.

NAME OF INDIVIDUAL PROPOSED TO ACT AS FINANCIAL AGENT

A completed Application for Financial Agent must be filed with the Chief Electoral Officer for this application to be complete. See the Application Process for Initiative Vote Opponents and Proponents brochure for more details about the application process.

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

The applicant/organization opposes or promotes (please circle) the above-named initiative, and is not disqualified from registering under the *Recall and Initiative Act*.

SIGNATURE OF APPLICANT OR PRINCIPAL OFFICER/MEMBER	SIGNATURE OF APPLICANT OR PRINCIPAL OFFICER/MEMBER
DATE: (YYYY/MM/DD)	DATE: (YYYY/MM/DD)

This application must be filed with the Chief Electoral Officer within 30 days after the notice of the initiative vote is published in the *Gazette*.
WARNING: Signing a false statement is a serious offence and is subject to significant penalties [section 162 of the *Recall and Initiative Act*].

CHIEF ELECTORAL OFFICE USE ONLY			
INITIATIVE VOTE NUMBER	APPLICATION REC'D (YYYY/MM/DD)	ACCEPTED/REJECTED (YYYY/MM/DD)	REGISTRATION NUMBER
REASON REJECTED			

INITIATIVE VOTE APPLICATION FOR OPPONENT OR PROPONENT REGISTRATION - FORM 997 INSTRUCTIONS

This is the application form for registration of an initiative vote opponent or proponent. It requests basic information about the applicant. An applicant may be either an individual or an organization.

Title of initiative: Identify the initiative vote in relation to which you wish to register as an opponent or proponent.

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.

Contact name: Enter the name of a contact person if the applicant is an organization.

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.

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, province** 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 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. If the applicant is an individual, do not complete this area.

Signature of applicant or principal officer / member: This form must be signed by the applicant if the applicant is an individual. If the applicant is an organization, the form 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*.

Chief Electoral Office use only: The bottom section on this form is for Chief Electoral Office use only. Please do not complete this section

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

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