

# Canadian National Taxpayers Coalition

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www.cntccanada.ca

## CNTC MEMBERSHIP INFORMATION

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NO: (\_\_\_\_) \_\_\_\_\_ OFFICE: (\_\_\_\_) \_\_\_\_\_

CELL: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_  
(If retired, what was your occupation?)

Are you available to help organize people in your area? Yes \_\_\_\_\_ No \_\_\_\_\_

As this is a member driven organization, your input would be greatly appreciated. Please take a few minutes to tell us what your concerns are regarding any type of taxation, at any level of government.

The more input we have from our members, the better we will be able to address your concerns. Use the back of the sheet if necessary.

All information will be kept in the strictest confidence.

**Working together, we can make a difference!**

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**Payment:** Please make cheque payable to: Canadian National Taxpayers Coalition

Enclosed is my payment of \$20.00. I am paying by cheque [\_\_\_\_\_]

Money order [\_\_\_\_\_]

Office use only:

Membership No: \_\_\_\_\_ Date: \_\_\_\_\_ PC: \_\_\_\_\_