



ELECTION FINANCES AND CONTRIBUTIONS DISCLOSURE ACT

REGISTRATION OF A POLITICAL PARTY

FORM PA-R-01 Page 1 of 2

OFFICE USE ONLY

INITIAL REGISTRATION
Submit if all pre-registration requirements have been met (EFCDA s.6)

RE-REGISTRATION
Submit if registration was previously cancelled (EFCDA s.10)

UPDATE TO REGISTRATION
Submit within 30 days of any registration change (EFCDA s.7(4))

PUBLIC CONTACT INFORMATION

Political Party Name				Party Abbrev.	
Unit No.	Street Address or P.O. Box		City / Town / Village / Municipality	Prov.	Postal Code
				AB	
Phone		Toll Free	Fax		
Email			Website		

PERSONAL CONTACT INFORMATION COLLECTED BELOW IS FOR ELECTIONS ALBERTA INTERNAL USE ONLY AND IS NOT MADE PUBLIC.

LEADER

Salutation	First and Last Name				
Address for correspondence, if different from party's public address				Email	
City / Town / Village / Municipality		Prov.	Postal Code	Direct phone	Cell phone
		AB			

EXECUTIVE DIRECTOR

Salutation	First and Last Name				
Address for correspondence, if different from party's public address				Email	
City / Town / Village / Municipality		Prov.	Postal Code	Direct phone	Cell phone
		AB			

CHIEF FINANCIAL OFFICER

Salutation	First and Last Name				
Address for correspondence, if different from party's public address				Email	
City / Town / Village / Municipality		Prov.	Postal Code	Direct phone	Cell phone
		AB			

PRINCIPAL OFFICER (PRESIDENT)

Salutation	First and Last Name				
Address for correspondence, if different from party's public address				Email	
City / Town / Village / Municipality		Prov.	Postal Code	Direct phone	Cell phone
		AB			

SECRETARY

Salutation	First and Last Name				
Address for correspondence, if different from party's public address				Email	
City / Town / Village / Municipality		Prov.	Postal Code	Direct phone	Cell phone
		AB			



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LOCATION RECORDS ARE MAINTAINED AND COMMUNICATIONS ADDRESSED (IF DIFFERENT THAN PARTY'S ADDRESS)

Unit No.	Street Address or P.O. Box	City / Town / Village / Municipality	Prov.	Postal Code
			AB	

PRIMARY FINANCIAL INSTITUTION

Name of Financial Institution				Phone
Unit No.	Street Address or P.O. Box	City / Town / Village / Municipality	Prov.	Postal Code
			AB	

Name(s) of Signing Officer(s)

ADDITIONAL INFORMATION

Name of Finance Contact	Direct phone	Email
Name of Constituency Association (CA) Contact	Direct phone	Email

ENDORSEMENT BY AUTHORIZED POLITICAL PARTY REPRESENTATIVE

_____	_____	_____
Printed Name	Signature	Date

ACCEPTANCE BY ELECTIONS ALBERTA

_____	_____
Authorized Signature	Date

Before using this form for Initial Registration, the proposed political party must be qualified to register with Elections Alberta. Contact Elections Alberta by phone at 780.427.7191 or by email at info@elections.ab.ca to receive detailed information and instruction on forming a political party in Alberta.

Please do not use this form to request a change to the political party name or abbreviation. Submit your request, in writing, to the Chief Electoral Officer.

<p>FOR INITIAL REGISTRATION OR RE-REGISTRATION, FORWARD SIGNED ORIGINAL TO: ELECTIONS ALBERTA - Suite 100, 11510 Kingsway NW, Edmonton, AB T5G 2Y5</p> <p>FOR UPDATE TO REGISTRATIONS ONLY: FAXED OR SCANNED COPIES ARE ACCEPTABLE. Phone 780.427.7191 Fax 780.422.2900 Email: finance@elections.ab.ca Website: www.elections.ab.ca</p>	<p>OFFICE USE ONLY</p> <p>ENTERED:</p>
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