

**CONSTITUENCY ASSOCIATION  
APPLICATION FOR DEREGISTRATION  
AS A RESULT OF ELECTORAL DISTRICT  
REDISTRIBUTION**

SEE REVERSE SIDE FOR INSTRUCTIONS

FULL NAME OF CONSTITUENCY ASSOCIATION

FULL NAME OF POLITICAL PARTY OR INDEPENDENT MLA

We, the undersigned, hereby request the deregistration of the constituency association in anticipation of the disestablishment of the electoral district under the *Electoral Districts Act*.

We declare that:

- a) we are authorized to act on behalf of the above-named constituency association;
- b) we are aware of the requirements for filing financial reports and transferring surplus funds after the constituency association is deregistered (sections 170 and 171 of the *Election Act*).

NAME OF PRINCIPAL OFFICER OF CONSTITUENCY ASSOCIATION

NAME OF PRINCIPAL OFFICER OF CONSTITUENCY ASSOCIATION

SIGNATURE OF PRINCIPAL OFFICER OF CONSTITUENCY ASSOCIATION

SIGNATURE OF PRINCIPAL OFFICER OF CONSTITUENCY ASSOCIATION

DATE: (YYYY/MM/DD)

DATE: (YYYY/MM/DD)

I, the undersigned, declare that:

- a) I am authorized to act on behalf of the above-named political party; or
- b) I am the independent MLA represented by the above-named constituency association.

NAME OF PRINCIPAL OFFICER OF POLITICAL PARTY OR INDEPENDENT MLA

SIGNATURE OF PRINCIPAL OFFICER OF POLITICAL PARTY OR INDEPENDENT MLA

DATE: (YYYY/MM/DD)

**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](mailto:privacy@elections.bc.ca) or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

**CONSTITUENCY ASSOCIATION  
APPLICATION FOR DEREGISTRATION - FORM 469  
AS A RESULT OF ELECTORAL DISTRICT REDISTRIBUTION**

**INSTRUCTIONS**

PRINT IN BLOCK LETTERS AND SIGN WHERE REQUIRED.

This form is used to voluntarily deregister a constituency association when new electoral districts have been created by the *Electoral Districts Act*.

- 1. Full name of constituency association:** Enter the full name of the registered constituency association.
- 2. Full name of political party or independent MLA:** Enter the name of the registered political party or the independent MLA to which the constituency association is affiliated.
- 3. Names and signatures of principal officers of constituency association:** Two principal officers of the constituency association must sign and date the application. These individuals must be principal officers on record with Elections BC.
- 4. Name and signature of principal officer of political party or independent MLA:** A principal officer of the registered political party or the independent MLA must sign and date the application. If the signatory is a political party principal officer, this individual must be on record with Elections BC.

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

or contact  
Elections British Columbia  
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: [electionsbc@elections.bc.ca](mailto:electionsbc@elections.bc.ca)  
Website: [www.elections.bc.ca](http://www.elections.bc.ca)