



Conservative Party of Canada • Membership Application



YES! I want to join the Conservative Party.

LAST NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MRS./MISS <input type="checkbox"/> MS.	FIRST NAME	INITIAL/MIDDLE NAME	DATE OF BIRTH
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
RESIDENTIAL ADDRESS		CITY/TOWN	PROVINCE	POSTAL CODE
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
MAILING ADDRESS (IF NOT THE SAME AS ABOVE)		CITY/TOWN	PROVINCE	POSTAL CODE
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
MOBILE PHONE NUMBER				* EMAIL
<input type="text"/>	* PLEASE HELP US TO KEEP YOU INFORMED ON EVENTS AND OTHER PARTY NEWS BY INCLUDING YOUR E-MAIL ADDRESS.			<input type="text"/>

Membership in the Conservative Party of Canada

- 1 year - \$15
 2 year - \$25
 3 year - \$35
 4 year - \$45
 5 year - \$50

Please Note: Membership fees are non-refundable and non-receptable in accordance with Canada Revenue Agency Guidelines.

By attaching payment I certify that I meet these Conditions of Membership:

- I am a Canadian Citizen or Permanent Resident of Canada.
- I actively support the founding principles of the Conservative Party of Canada.
- I am at least 14 years of age.
- I do not hold membership in another federal political party.
- My membership fees are paid from my own funds and no individual or organization will reimburse me.

Applicant Signature: _____
(mandatory)

Payment method:

I have enclosed a personal cheque or money order in the amount of: \$ _____

Please debit my personal credit card:

Card Type: Mastercard: Visa:

Name on card: _____

Card Number: _____

Card Expiry: _____ Card CVC: _____

When completed, please mail your application and Cheque to:

Simcoe North Conservative EDA
P.O. Box 432
Midland, Ont.
L4R 4L1