

CONSERVATIVE PARTY OF CANADA MEMBERSHIP APPLICATION

*a new form should be used for each new or renewing member

LAST NAME MR. MRS. MISS MS. (PRINT IN BLOCK LETTERS) FIRST NAME INITIAL/MIDDLE NAME

RESIDENTIAL ADDRESS CITY/TOWN PROVINCE POSTAL CODE

MAILING ADDRESS IF NOT THE SAME AS ABOVE CITY/TOWN PROVINCE POSTAL CODE

HOME PHONE BUSINESS PHONE CELL PHONE E-MAIL ADDRESS

RIDING NAME (IF KNOWN):

Membership – please check the length of membership you wish to purchase:

- 1 year - \$10.00 2 year - \$20.00 3 year - \$30.00 5 year - \$35.00

Please note that membership fees are non-refundable and non-receiptable in accordance with Canada Revenue Agency Guidelines.

I would also like to make a tax-deductible contribution of:

- \$25 \$50 \$100 \$500 Other \$ _____

Conservative Fund Canada will issue you an official tax receipt for your contribution. Please be advised that Elections Canada does not allow tax receipts to be issued in any other name other than that of the donor. The donor is considered to be the signature on the cheque or the holder of the credit card.

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

- I am a Canadian Citizen or a Permanent resident of Canada
- I actively support for the founding principles of the CPC
- I am at least 14 years of age

If paying for more than one membership in a household with the same cheque or credit card I certify that :

- Each of the members is a member of my household and related to me and comply with the above conditions of membership
- Each membership paid for by my cheque or credit card has been bought with funds belonging to each of the new or renewing members and with their consent

Applicant Signature:

Payment Information

*Registered political parties are unable to accept membership fees or contributions from corporations, trade unions, or associations.

- I have made my cheque payable to the **Conservative Fund Canada**
- I am making this purchase with my **own personal credit card** and not with a corporate or business card.

Please charge my credit card for: \$ _____

Type of credit card: Visa Mastercard AmericanExpress

Card Number _____ Expiry Date ____/____

Cardholder's Name: _____ Cardholder's Signature: _____

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