

CONSERVATIVE PARTY OF CANADA FAMILY MEMBERSHIP APPLICATION

Membership Information

To join the Conservative Party of Canada using the Family membership form, all household members must live at the same address and be related.

Member #1

Last name: _____ First Name _____ Middle Initial _____

Phone Number: _____ Email: _____

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

Member #2

Last name: _____ First Name _____ Middle Initial _____

Phone Number: _____ Email: _____

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

Member #3

Last name: _____ First Name _____ Middle Initial _____

Phone Number: _____ Email: _____

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

Member #4

Last name: _____ First Name _____ Middle Initial _____

Phone Number: _____ Email: _____

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

Member #5

Last name: _____ First Name _____ Middle Initial _____

Phone Number: _____ Email: _____

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

Member #6

Last name: _____ First Name _____ Middle Initial _____

Phone Number: _____ Email: _____

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

Residential Address (NOTE: All family members must live at the same address)

Address _____

City/Town: _____ Province: _____ Postal Code: _____

Mailing Address (if different from above)

Address _____

City/Town: _____ Province: _____ Postal Code: _____

Membership Information (continued from page 1)

Membership total (please tally the cost for each member from the previous page) \$ _____

*Please note that membership fees are non-refundable and non-receptable 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.

Total Membership Cost + Tax-deductible contribution = \$ _____

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

X Applicant Signature: _____

Payment Information

I have made my cheque payable to the **Conservative Fund Canada**

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

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: \$ _____ (total membership cost + tax-deductible contribution)

Type of credit card: Visa Mastercard AmericanExpress

Card Number _____ Expiry Date ____ / ____
MM/YY

Cardholder's Name (as it appears on the card): _____

Cardholder's Signature: _____

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