



Membership/Donation Form

PART 1: Membership (To make a donation only, please proceed to page 2.)

You can use this form to sign up other members of your family who are 14 years of age or older. Please note: All household members must live at the same address and be related.

Applicant

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

PHONE NUMBER EMAIL ADDRESS DATE OF BIRTH

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

Spouse/Partner

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

PHONE NUMBER EMAIL ADDRESS DATE OF BIRTH

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

Minor Age Child 1

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

PHONE NUMBER EMAIL ADDRESS DATE OF BIRTH

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

Minor Age Child 2

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

PHONE NUMBER EMAIL ADDRESS DATE OF BIRTH

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

Minor Age Child 3

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

PHONE NUMBER EMAIL ADDRESS DATE OF BIRTH

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

Minor Age Child 4

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

PHONE NUMBER EMAIL ADDRESS DATE OF BIRTH

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

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

Please complete and sign the next page before submitting.

PART 2: Donation

I would also like to make a **DIRECTED CONTRIBUTION*** to the **BRAD TROST LEADERSHIP CAMPAIGN** of:

\$50 \$100 \$500 \$1000 \$1550 Other \$ _____ (maximum \$1550)

*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 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.

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

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

- I prefer to pay by personal cheque or money order payable to Conservative Party of Canada.
- I prefer to use my personal credit card to make this payment (corporate or business cards cannot be accepted).

Please charge my credit card \$ _____ (total membership cost + tax-deductible contribution).

Type of card: VISA MasterCard American Express

Card Number: _____ Expiry Date: ____/____

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

Cardholder Signature: _____

MAIL TO: CONSERVATIVE PARTY OF CANADA
1720-130 Albert ST bureau 1720, Ottawa ON K1P 5G4 • FAX: 613-755-2001