



MEMBERSHIP FORM

Given Name	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Full Home Address		
Street/PO Box/RR: _____		
City/Town/Muni: _____ Prov/Terr: _____ PC: _____		
Mailing Address (If different)		
Street/PO Box/RR: _____		
City/Town/Muni: _____ Prov/Terr: _____ PC: _____		
Home Phone	Cell Phone / Mobile	LinkedIN/Twitter/facebook?
E-mail	Alternate E-mail	
Are you currently a member of the Conservative Party of Canada?		___ Yes ___ No
On May 27 th 2017, will you be at least fourteen (14) years of age?		___ Yes ___ No

YES! Brad, to support you for Leader, I want to join or renew my membership in the Conservative Party of Canada:

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

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: _____

I prefer to pay by cheque. Please make your cheque FOR MEMBERSHIP payable to:
“Wayne Webster, Financial Agent”

I prefer to pay my membership by credit card:

Card Number: _____ Exp. ____ / ____

Name on Card: _____ Signature: _____

Please mail your completed form to:
Brad Trost Campaign
PO BOX 11098, STN H
NEPEAN, ON K2H 7T8

If paying by credit card you can also fax your completed form to our secure fax line (613) 702-5020 or email a scanned copy to:
Financial.Agent@BradTrostCampaign.com