

# PIERRE LEMIEUX CAMPAIGN

## CONSERVATIVE PARTY OF CANADA MEMBERSHIP APPLICATION

\_\_\_\_\_  
Last name (family name)

\_\_\_\_\_  
First name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

**Residential address:**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal code

**Postal address:**

(if different from above)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal code

**FEE FOR PRIMARY APPLICANT:**

Membership chosen by above named person (membership fees are non-receiptable for tax purposes):

\_\_\_ 1 year: \$15

\_\_\_ 2 year: \$25

\_\_\_ 3 year: \$35

\_\_\_ 4 year: \$45

\_\_\_ 5 year: \$50

**FEE FOR ADDITIONAL FAMILY MEMBERS:** (for those on the other side of this form) \$ \_\_\_\_\_

**OPTIONAL DONATION to PIERRE LEMIEUX CAMPAIGN:** \$ \_\_\_\_\_ (maximum \$1525)

**TOTAL: all membership fees + tax-deductible donation =** \$ \_\_\_\_\_

**Payment information:** (Cash may not be used to pay for memberships or to make donations)

\_\_\_ Personal cheque / money order payable to "Conservative Fund Canada" (in memo line write "Pierre Lemieux Campaign")

\_\_\_ Credit card: 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 donation)

\_\_\_ VISA

\_\_\_ MasterCard

\_\_\_ AMEX

Card number: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_

Expiry date \_\_\_\_ / \_\_\_\_

Cardholder's signature: \_\_\_\_\_

**AFFIRMATION OF QUALIFICATION TO JOIN THE CPC**

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 principles of the Conservative Party of Canada; I am at least 14 years of age; I do not hold a membership in another federal political party; and my membership fee(s) are paid from my own funds and no individual or organization will reimburse me.

**x Applicant's signature:** \_\_\_\_\_

**SPOUSE/PARTNER OR CHILD:** \_\_\_ 1 year: \$15 \_\_\_ 2 year: \$25 \_\_\_ 3 year: \$35 \_\_\_ 4 year: \$45 \_\_\_ 5 year: \$50  
(Choose membership type)

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

**CHILD:** (aged 14 thru 17 only) \_\_\_ 1 year: \$15 \_\_\_ 2 year: \$25 \_\_\_ 3 year: \$35 \_\_\_ 4 year: \$45 \_\_\_ 5 year: \$50

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

**CHILD:** (aged 14 thru 17 only) \_\_\_ 1 year: \$15 \_\_\_ 2 year: \$25 \_\_\_ 3 year: \$35 \_\_\_ 4 year: \$45 \_\_\_ 5 year: \$50

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

**CHILD:** (aged 14 thru 17 only) \_\_\_ 1 year: \$15 \_\_\_ 2 year: \$25 \_\_\_ 3 year: \$35 \_\_\_ 4 year: \$45 \_\_\_ 5 year: \$50

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

**CHILD:** (aged 14 thru 17 only) \_\_\_ 1 year: \$15 \_\_\_ 2 year: \$25 \_\_\_ 3 year: \$35 \_\_\_ 4 year: \$45 \_\_\_ 5 year: \$50

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

Total amount of membership fees for persons listed on this side of the form only: \$ \_\_\_\_\_

I certify that each of the applicants named above is a member of my household and related to me and comply with the above conditions of membership; and 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's signature on behalf of those on this page:**

**X** \_\_\_\_\_

**Scan or take a photo of completed form and e-mail to [pierrelemieux.leadership@gmail.com](mailto:pierrelemieux.leadership@gmail.com).**

**Or mail it to Pierre Lemieux Leadership, PO Box 22, Cumberland, ON, K4C 1E5**