

Ontario PC Membership Application



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PLEASE PRINT ALL INFORMATION

*required field. If this form is not filled out correctly, your membership cannot be processed

Title: Mr. Mrs. Ms. Dr. Other: _____

*Last Name: _____ *First Name: _____ *Initials: _____

*Riding: _____

*Residential Address: _____

*Postal Code: _____ *Municipality/Township: _____

Home Phone: _____ Work Phone/Cell: _____

Email: (required for Party communications) _____

Check if mailing address is different than residential address

Mailing Address: _____

MEMBERSHIP DURATION

With Email Address:

Without Email Address:

One Year - \$10

One Year - \$15

Two Years - \$20

Two Years - \$30

Three Years - \$30

Three Years - \$45

Four Years - \$40

Four Years - \$60

Five Years - \$50

Five Years - \$75

Paid for with my own funds

Paid for by an immediate family member

I would like to volunteer for the Ontario PC Party!

Yes! (please provide your phone or email above)

I would also like to join:

OPCYA OPCCA PCWIP

I WOULD LIKE TO KEEP OUR PARTY STRONG THROUGH A DONATION

I would also like to make a onetime donation of \$_____ to:

My local Association/Club

The Ontario PC Party/PC Ontario Fund

Both the Party and my Association/Club (50/50)

Debit me automatically using pre-authorized donations.

I would like to donate \$_____ every:

Month

Quarter

Year

Start debits on _____ / _____
MONTH YEAR

PAYMENT DETAILS (PLEASE PRINT)

Calculate: _____ + _____ = _____

MEMBERSHIP FEE

DONATION TO PARTY

TOTAL

Payment Method: Personal Cheque Visa Mastercard Amex Cash (Please do not mail cash)

Name on Card: _____

Card Number: _____ Expiry Date: _____ / _____

MONTH

YEAR

I am over the age of 14

I certify that the personal and payment information on this form is correct and I hereby declare that I support and will uphold the objectives and principles of the Ontario PC Party.

Signature: _____