



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 \$1,525)

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 a 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 personal 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

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 _____



Save this PDF (or print and scan/take photo) and e-mail to contact@pierrelemieux.ca.

Or mail it to Conservative Party of Canada, 1720 - 130 Albert Street, Ottawa, ON K1P 5G4

MEMBERSHIPS MUST BE RECEIVED BY MARCH 28, 2017 IN ORDER FOR YOU TO VOTE!