



MAIL TO: The Buffalo Party of Saskatchewan

PO Box # 10, Kindersley, SK.

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MEMBERSHIP APPLICATION / DONATION FORM

MEMBERSHIP APPLICATION TERMS

- ☐ I, understand that in order to be eligible for membership I and any others in this application, must: be a Canadian Citizen or Permanent Resident of Canada; ordinarily reside in Saskatchewan; be at least sixteen (16) years of age; indicate intention to join the Buffalo Party of Saskatchewan by personally authorizing this application for membership in the Buffalo Party of Saskatchewan; support the principles of the Buffalo Party of Saskatchewan; and have paid the prescribed membership fee, personally or through an immediate family member (spouse, parent or child).
- ☐ I, understand that a failure to provide accurate and current information on this form may, given this form's purpose to verify an applicant's identity and eligibility for membership in the Buffalo Party of Saskatchewan, may result in processing delays, failure to receive important communication, and/or denial of an applicant's membership application.

DATE: _____ SIGNATURE: _____

☐ New ☐ Renewal ☐ 1 YEAR - \$10 ☐ 3 YEAR - \$25 ☐ 5 YEAR - \$40

PLEASE PRINT AND PROVIDE ALL INFORMATION WITH AN ASTERISK*

MEMBER / DONOR INFORMATION

Name* _____
Given First Name and Initial Last Name

Phone* _____ ☐ Mobile ☐ May we contact? ☐ Landline

Email* _____

- ☐ I understand that by NOT providing an email address, I will not receive a copy of my membership, will receive limited communication from the party and may not receive information about events in my local constituency.

Mailing Address* _____
Unit/Suite Address

City/Town Postal Code

Donation Only (I do not want a membership) ☐ Donation Amount: _____

Credit Card # _____

Expiry: _____ CVV: _____ Name on card: _____

PLEASE MAKE CHEQUES PAYABLE TO: BUFFALO PARTY OF SASKATCHEWAN

OFFICE USE ONLY:

☐ Cheque Cheque # _____ ☐ Cash ☐ Credit Card ☐ Membership ☐ Donation