

MEMBERSHIP FORM

YES, I am proud to be part of the Conservative Team for 1 year for \$15!

Name: _____

Address: _____

Postal Code: _____

Email Address: _____

Telephone: _____

Applicant Signature (mandatory): X _____

The Conservative Party uses automated devices (ADADs) to make phone calls to inform our members of upcoming events in their area. By purchasing a membership or making a donation, you agree that we may contact you using ADADs and/or other electronic communications at the phone numbers given above.

I have made my personal cheque for \$ _____ payable to Conservative Fund Canada.

Please charge \$ _____ to my VISA Mastercard American Express

Card Number: _____ Expiry Date: ____ / ____
mm / yy

Cardholder's Name: _____

Cardholder's Signature: _____

By attaching payment I certify that I meet these Conditions of Membership.

- I am a Canadian citizen or a 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.

Please mail this form to **Hugh Thomson for Calgary-Centre**
4327 Britannia DR SW, Calgary Alberta T2S 1J4 or email it to **thomson@electhugh.ca**