



MEMBERSHIP APPLICATION

APPLICANT

First Name	Initial	Last name
Home Phone	Cell Phone	Email

RESIDENTIAL INFORMATION (Use your 911 address for your Residence if you live in rural areas)

Residential Address	City/Town/Province	Postal Code
Mailing Address	City/Town/Province	Postal Code

MEMBERSHIP

RENEWAL NEW 1 YEAR \$10 3 YEARS \$25

I would like to make a donation

Amount: \$20 \$50 \$100 \$500 \$1000 \$1625 Other \$

*Please note that membership fees and donations are non-refundable and non-receiptable in accordance with Canada Revenue Agency guidelines

*At this time, we are unable to issue a tax receipt for your donation as Elections Canada requires all new parties to run a candidate in an election or by-election first.

COULD WE PUT A MAVERICK SIGN ON YOUR PROPERTY DURING AN ELECTION YES NO

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

- I am a Canadian Citizen or Permanent Resident of Canada and reside in Western Canada or the Territories.
- I actively support the founding principles of the Maverick Party.
- I am at least 14 years of age.
- I do not hold membership in another federal political party.
- My membership fees are paid from my own funds and no individual or organization will reimburse me.

* NOTE: Parties can not accept memberships fees or donations paid by corporations, unions or associations.

Cash Cheque VISA MasterCard AMEX Total Amount\$

CREDIT CARD# EXPIRES *CV

NAME ON CREDIT CARD

Applicant Signature: _____ Date: _____

PLEASE MAKE CHEQUES PAYABLE TO Maverick Party

MAIL TO: Suite 405, 1500 14 ST SW, Calgary, AB, T3C 1C9 Email: info@maverickparty.ca