FOR OFFICE USE ONLY **TRACKING NUMBER** __59017__ - _____ - __/__/__
RIDING # FORM # DATE RECEIVED (DD/MM/YY)

I WANT TO BE A MEMBER!

I want to be a member of the Conservative Party of Canada for:

☐ 1 year – $15.00 ☐ 2 years – $30.00 ☐ 3 years – $45.00 ☐ 5 years – $60.00

- In accordance with Canada Revenue Agency Guidelines, membership fees are non-refundable and non-receiptable.

I WANT TO MAKE A DONATION!

I would like to make a tax-deductible contribution of:

☐ $25 ☐ $50 ☐ $100 ☐ $500 ☐ Other $_____

ABOUT ME (PRINT BLOCK LETTERS)

LAST NAME | FIRST NAME | INITIAL/MIDDLE NAME | TITLE/DESIGNATION

☐ Residential and mailing address are the same.

RESIDENTIAL ADDRESS | CITY/TOWN | PROVINCE | POSTAL CODE

MAILING ADDRESS | CITY/TOWN | PROVINCE | POSTAL CODE

( ) MAIN PHONE # ( ) OPTIONAL PHONE #

E-MAIL ADDRESS DATE OF BIRTH (DD/MM/YYYY)

PAYMENT INFORMATION

☐ CASH ☐ CHEQUE: I have made a cheque payable to Mission-Matsqui-Fraser Canyon Conservative Association

☐ CREDIT CARD: Personal credit card information only
(Registered political parties are unable to accept membership fees or contributions from corporations, trade unions or associations)

Amount to charge $_____ Type of credit card: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

CARD NUMBER EXPIRY DATE (MM/YY)

CARDHOLDER'S NAME CARDHOLDER'S SIGNATURE

CONDITIONS OF MEMBERSHIP

BY ATTACHING PAYMENT, I PLEDGE:

- 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 a membership in another federal political party.

IF PURCHASING THIS MEMBERSHIP FOR A FAMILY/HOUSEHOLD MEMBER, I PLEDGE:

- Each new or renewing member belongs to my household and are related to me.
- Each new or renewing member complies with the above conditions of membership.
- Each membership paid for by my credit card or cheque has been bought with funds belonging to each of the new or renewing members and/or with their consent.

☐ YES! I'VE READ THE CONDITIONS OF MEMBERSHIP AND WILL JOIN THE CONSERVATIVE PARTY OF CANADA TODAY.

APPLICATION SIGNATURE DATE (DD/MM/YYYY)

THANK YOU
FOR YOUR CONTRIBUTION!

TRACKING NUMBER __59017__ - _____ - __/__/__
RIDING # FORM # DATE RECEIVED (DD/MM/YY)

This receipt is for your records only; an official tax receipt will be issued for any financial contributions. Please note that a tax receipt will not be provided for membership purchases.

RECEIPT

RECEIVED FROM

PROVIDED TO: Mission-Matsqui-Fraser Canyon Conservative Association
PO Box 3054 Station Main, Mission, BC V2V 4J3

$
AMOUNT $ RECEIVED BY

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