



Membership Application Form

Progressive Conservative Association of Prince Edward Island

Address: PO Box 578, Charlottetown, Prince Edward Island C1A 7L1 | Website: www.pccparty.pe.ca

E-mail: info@pccparty.pe.ca | Telephone: 902-628-8679 | Toll Free: 1-800-859-4221 | Fax: 902-628-6428

New Member

Renewal

Form will not be accepted unless ALL information is completed accurately and in full. Please return to address above.

Membership Terms: 2 Years  Individual \$10.00  Senior \$5.00 (65+)  Youth (14-19) \$5.00  Family \$25.00

Mr.  Ms.

5 Years  Individual \$20.00  Senior \$10.00 (65+)  Youth \$10.00

Date of Birth MM DD YY

Mrs.  Miss.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Signature of Applicant X \_\_\_\_\_

I would like to receive the PC Newsletter by:  Email or  Mail Date of Application/Renewal \_\_\_\_\_

I would like to become a Volunteer:

District Level  Provincial Office

For Office Use Only

District #: \_\_\_\_\_ Poll #: \_\_\_\_\_ Membership #: \_\_\_\_\_

Family Membership Only

Spouse \_\_\_\_\_ Date of Birth MM DD YY

Youth \_\_\_\_\_ Date of Birth MM DD YY

Youth \_\_\_\_\_ Date of Birth MM DD YY

Youth \_\_\_\_\_ Date of Birth MM DD YY

Payment Information

I would like to donate \$ \_\_\_\_\_

TOTAL DUE: \_\_\_\_\_  Cash  Cheque

MASTERCARD EXPIRY DATE AMOUNT AUTHORIZED

VISA VISA \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_