



Membership Application and/or Contribution

www.seatoskyconservative.ca

Donor's Full Name: _____

Residential Address: _____

Town/City: _____ Prov. _____ Postal Code: _____

Mailing Address (if different from above) _____

Town/City: _____ Prov. _____ Postal Code: _____

Home Telephone: _____ Work: _____ Cell: _____

Email: _____

PLEASE HELP US KEEP YOU INFORMED ON EVENTS AND OTHER PARTY NEWS BY INCLUDING YOUR EMAIL ADDRESS. By providing your email address, you are giving us expressed consent to email you. You can unsubscribe at any time. Please note your email address may be shared with the Conservative Party of Canada.

Membership: 1 Year \$15 2 Years \$25 3 Years \$35
Contribution: \$1600 \$1200 \$400 \$100 Other \$ _____

I would like to donate monthly: \$ _____

Note: Annual Maximum = \$1,600.00

Methods of Payment

Cash: for membership only
Cheque: Payable to "WVSC Sea to Sky Conservative Association"
Credit Card: Visa Master Card AMEX

Card Number: _____
Name on Card: _____
Expiry Date: _____

Online: www.seatoskyconservative.ca

Conditions of Membership:

- Canadian citizen or permanent resident of Canada and at least 14 years of age
 - Active support for the founding principles of the Conservative Party of Canada
 - Payment by applicant of required membership fee
- Please note that membership fees are non-receiptable in accordance with Canada Revenue Agency guidelines.

Your Contribution	Your Tax Credit	Net Cost to You
\$50	\$37.50	\$12.50
\$100	\$75.00	\$25.00
\$200	\$150.00	\$50.00
\$400	\$300.00	\$100.00
\$750	\$475.00	\$275.00
\$1000	\$558.00	\$442.00
\$1200	\$625.00	\$575.00
\$1600	\$650.00	\$850.00

Applicant's Signature _____ Date _____

Before the date for filing your income tax return, an official tax receipt will be issued for your donation.