



**Conservative Party  
of Canada**

# MEMBERSHIP APPLICATION

**NOTE: YOU MUST COMPLETE ONE FORM FOR EACH MEMBER**

Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss. <input type="checkbox"/>	Ms. <input type="checkbox"/>
LAST NAME:		FIRST NAME:	
STREET ADDRESS			
APT/SUITE #	TOWN: OAKVILLE	PROVINCE: ONT	POSTAL CODE:
HOME PHONE (with area code):	WORK PHONE (with area code):	CELL PHONE (with area code):	
EMAIL:			ELECTORAL DISTRICT: OAKVILLE

MEMBERSHIP (includes GST)

New

Renewal

\$ \_\_\_\_\_ (1 year \$10; 3 year \$30; 5 year \$50)

\$ \_\_\_\_\_ Donation

\$ \_\_\_\_\_ TOTAL

Method of payment

Cheque:  or VISA:

If VISA: Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: If paying by cheque, please make cheque payable to:**

**"Conservative Fund Canada – Oakville"**

Please be advised that Elections Canada does not allow tax receipts to be issued for donations in any other name than the name of the donor. The donor is considered to be the signature on the cheque or the holder of the credit card.

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

If paying for more than one membership in a household with the same cheque or credit card I certify that:

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

**Applicant Signature (REQUIRED):**

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Please return to:

**Membership  
Conservative Party of Canada - Oakville  
P.O. Box 60082, RPO Glen Abbey  
Oakville, Ontario, L6M 3H2**