



Conservative Party of Canada *Single/Family* *Membership Application for the Riding of Burlington*

Membership Information

To join or renew as a Single member fill in for Member # 1 and then continue to page 2.

Note: To join or renew as a Family (not to exceed 6) – Members 2 - 6 must live at the same address and be spouse/partner and/or 14+ year child of Member #1.

Member #1 - Applicant

MR. MRS. MS. MISS (PLEASE PRINT IN BLOCK LETTERS)

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL ____

PHONE _____ E-MAIL _____

1 year - \$15.00 2 years - \$25.00 3 years- \$35.00 4 years- \$45.00 5 years - \$50.00

Member #2 - Spouse / Partner

MR. MRS. MS. MISS (PLEASE PRINT IN BLOCK LETTERS)

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL ____

PHONE _____ E-MAIL _____

1 year - \$15.00 2 years - \$25.00 3 years- \$35.00 4 years- \$45.00 5 years - \$50.00

Member #3 - Minor Age Child

MR. MRS. MS. MISS (PLEASE PRINT IN BLOCK LETTERS)

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL ____

PHONE _____ E-MAIL _____

1 year - \$15.00 2 years - \$25.00 3 years- \$35.00 4 years- \$45.00 5 years - \$50.00

Member #4 - Minor Age Child

MR. MRS. MS. MISS (PLEASE PRINT IN BLOCK LETTERS)

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL ____

PHONE _____ E-MAIL _____

1 year - \$15.00 2 years - \$25.00 3 years- \$35.00 4 years- \$45.00 5 years - \$50.00

Member #5 - Minor Age Child

MR. MRS. MS. MISS (PLEASE PRINT IN BLOCK LETTERS)

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL ____

PHONE _____ E-MAIL _____

1 year - \$15.00 2 years - \$25.00 3 years- \$35.00 4 years- \$45.00 5 years - \$50.00

Member #6 - Minor Age Child

MR. MRS. MS. MISS (PLEASE PRINT IN BLOCK LETTERS)

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL ____

PHONE _____ E-MAIL _____

1 year - \$15.00 2 years - \$25.00 3 years- \$35.00 4 years- \$45.00 5 years - \$50.00

Membership Information (continued from page 1)

Residential Address (For Family – all members must live at the same address. No P.O. Box #'s please for residential.)

Residential Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Mailing Address (if different from above): _____

City/Town: _____ Province: _____ Postal Code: _____

Total Membership Cost – Please tally the cost for member(s) \$ _____

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

I would also like to make a tax-deductible contribution of: \$25 \$50 \$100 \$500 Other \$ _____ Yrly max on website

*The Burlington Conservative Association will issue you an official tax receipt for your contribution. Please be advised that Elections Canada does not allow tax receipts to be issued in any other name other than that of the donor. The donor is considered to be the signature on the cheque.

Total Membership Cost \$ _____ + Tax-deductible contribution \$ _____ = \$ _____

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

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

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

X Applicant Signature: _____

Payment Information

Note: Cash may not be used to pay for memberships.

*Registered political parties are unable to accept membership fees or contributions from corporations, trade unions, or associations.

- I have made my cheque payable to the Burlington Conservative Association
- I am making this purchase with my own personal credit card and not with a corporate or business card.

Please charge my credit card for: \$ _____ (total membership cost + tax-deductible contribution)

Type of credit card: Visa Mastercard (Sorry – no American Express)

Card Number: _____ Expiry Date: ____ / ____ (MM/YY) CVV2 _____ (3 digits on back)

Cardholder's Name (Please PRINT as it appears on the card): _____

Cardholder's Signature: _____

Please hand in or mail your completed form along with your payment to

**Burlington Conservative Association
P.O. Box 85053 Burlington ON Canada L7R 4K3**