

Family Membership Application

St. Catharines Electoral District Association

Membership Information

To join the Conservative Party of Canada using the Family membership form, all household members must live at the same address and be related.

Member #1

	LAST NAME	MR.	MRS.	MISS	MS.	(PRINT IN BLOCK LETTERS)	FIRST NAME	INITIAL/MIDDLE NAME
PHONE NUMBER	E-MAIL ADDRESS					DATE OF BIRTH		

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

Member #2

	LAST NAME	MR.	MRS.	MISS	MS.		FIRST NAME	INITIAL/MIDDLE NAME
PHONE NUMBER	E-MAIL ADDRESS					DATE OF BIRTH		

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

RELATIONSHIP TO MEMBER #1

Member #3

	LAST NAME	MR.	MRS.	MISS	MS.		FIRST NAME	INITIAL/MIDDLE NAME
PHONE NUMBER	E-MAIL ADDRESS					DATE OF BIRTH		

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

RELATIONSHIP TO MEMBER #1

Member #4

	LAST NAME	MR.	MRS.	MISS	MS.		FIRST NAME	INITIAL/MIDDLE NAME
PHONE NUMBER	E-MAIL ADDRESS					DATE OF BIRTH		

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

RELATIONSHIP TO MEMBER #1

Member #5

	LAST NAME	MR.	MRS.	MISS	MS.		FIRST NAME	INITIAL/MIDDLE NAME
PHONE NUMBER	E-MAIL ADDRESS					DATE OF BIRTH		

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

RELATIONSHIP TO MEMBER #1

Member #6

	LAST NAME	MR.	MRS.	MISS	MS.		FIRST NAME	INITIAL/MIDDLE NAME
PHONE NUMBER	E-MAIL ADDRESS					DATE OF BIRTH		

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

RELATIONSHIP TO MEMBER #1

Residential Address (NOTE: All family members must live at the same address)

Address: _____

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

Mailing Address (if different from above)

Address: _____

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

Membership Information (continued from page 1)

Membership total (please tally the cost for each member from the previous page) \$ _____

*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 \$ _____

*Conservative Fund Canada 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 or the holder of the credit card.

Total Membership Cost + Tax-deductible contribution \$ _____

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 for the founding principles of the CPC
- I am at least 14 years of age
- I do not hold membership in another federal political party.

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 comply with the above conditions of
- 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

X Applicant Signature: _____

Payment Information

*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 **St. Catharines Conservative EDA**

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 AmericanExpress

Card Number: _____ Expiry Date: / _____
MM / YY

Verification Code: _____

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

Cardholder's Signature: _____

St. Catharines Conservative Electoral District Association
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