

SINGLE MEMBERSHIP APPLICATION FORM

Check one: - Mr. - Mrs. - Ms. - Miss - Dr. - Other _____

LAST NAME: _____ FIRST NAME: _____ INITIAL _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

E-MAIL: _____

HOME PHONE: (519) _____ OFFICE: _____ CELL: _____

MAIL ADDRESS [if other than above]

LENGTH OF MEMBERSHIP:

1 year \$15 2 years \$30 3 years \$45 5 years \$60

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

Make your cheque payable to "The Guelph Conservative Fund". If you wish to pay by personal Credit Card, please provide the following information:

Credit Card: Visa ___ Mastercard ___ Expiration Date: ___/___ (mo/yr)

Card #: _____ Security Code: _____

Name on card: _____ Signature: _____

I certify that I meet these Conditions of Membership:

- I am a Canadian Citizen or Permanent Resident of Canada.
- I actively support the founding principles of the Conservative Party of Canada.
- I am at least 14 years of age.
- I do not hold membership in another federal political party.

Application Date: _____

Applicant Signature (mandatory): _____

Please mail to:

Conservative Party of Canada
Guelph Electoral District Association
P.O. Box 21029, Guelph, ON N1G 4T3

Please note: You, your family members and friends can also apply for membership through the "Join" page on our website, www.guelphcp.ca.