



Conservative Party of Canada

Family Membership Application

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.

Applicant

LAST NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS. (PRINT IN BLOCK LETTERS)	FIRST NAME	INITIAL/MIDDLE NAME
<input type="text"/>		<input type="text"/>	<input type="text"/>
PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> 1 year - \$15 <input type="checkbox"/> 2 year - \$25 <input type="checkbox"/> 3 year - \$35 <input type="checkbox"/> 4 year - \$45 <input type="checkbox"/> 5 year - \$50			

Spouse/Partner

LAST NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS. (PRINT IN BLOCK LETTERS)	FIRST NAME	INITIAL/MIDDLE NAME
<input type="text"/>		<input type="text"/>	<input type="text"/>
PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> 1 year - \$15 <input type="checkbox"/> 2 year - \$25 <input type="checkbox"/> 3 year - \$35 <input type="checkbox"/> 4 year - \$45 <input type="checkbox"/> 5 year - \$50			

Minor Age Child 1

LAST NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS. (PRINT IN BLOCK LETTERS)	FIRST NAME	INITIAL/MIDDLE NAME
<input type="text"/>		<input type="text"/>	<input type="text"/>
PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> 1 year - \$15 <input type="checkbox"/> 2 year - \$25 <input type="checkbox"/> 3 year - \$35 <input type="checkbox"/> 4 year - \$45 <input type="checkbox"/> 5 year - \$50			

Minor Age Child 2

LAST NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS. (PRINT IN BLOCK LETTERS)	FIRST NAME	INITIAL/MIDDLE NAME
<input type="text"/>		<input type="text"/>	<input type="text"/>
PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> 1 year - \$15 <input type="checkbox"/> 2 year - \$25 <input type="checkbox"/> 3 year - \$35 <input type="checkbox"/> 4 year - \$45 <input type="checkbox"/> 5 year - \$50			

Minor Age Child 3

LAST NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS. (PRINT IN BLOCK LETTERS)	FIRST NAME	INITIAL/MIDDLE NAME
<input type="text"/>		<input type="text"/>	<input type="text"/>
PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> 1 year - \$15 <input type="checkbox"/> 2 year - \$25 <input type="checkbox"/> 3 year - \$35 <input type="checkbox"/> 4 year - \$45 <input type="checkbox"/> 5 year - \$50			

Minor Age Child 4

LAST NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS. (PRINT IN BLOCK LETTERS)	FIRST NAME	INITIAL/MIDDLE NAME
<input type="text"/>		<input type="text"/>	<input type="text"/>
PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> 1 year - \$15 <input type="checkbox"/> 2 year - \$25 <input type="checkbox"/> 3 year - \$35 <input type="checkbox"/> 4 year - \$45 <input type="checkbox"/> 5 year - \$50			

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:

☐ \$35 ☐ \$75 ☐ \$125 ☐ \$500 ☐ \$1625 ☐ Other \$ _____ (maximum \$1625)

*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 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.
- ☐ 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 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 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.

X Applicant Signature: _____

Payment Information

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

- ☐ I have a personal cheque or money order payable to: **Conservative Fund Canada.**
- ☐ I am making this purchase with my own **personal credit card** and not with a corporate or business card.

*Cash may not be used to pay for memberships.

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

Type of credit card:

☐ VISA ☐ MasterCard ☐ American Express

Card Number: _____ Expiry Date: _____ / _____

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

Cardholder's Signature: _____



PLEASE NOTE: Payment by cash, corporate cheque or corporate credit card is not permitted. Membership fees are non-refundable and non-receiptable in accordance with Canada Revenue Agency Guidelines.

CONSERVATIVE PARTY OF CANADA

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