

Membership Application / Renewal - please print

Member #1

Mr/Ms/Mrs _____ First Name _____ Last Name _____

Member #2

Mr/Ms/Mrs _____ First Name _____ Last Name _____

Address _____ Apt. _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

- I subscribe to and support the policies and principles of the Conservative Party of Canada.
- 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.

Individual signature required for each membership application.

Copy form if more than two applicants at same household.

Member #1 _____ Member #2 _____
 signature of above-named applicant signature of above named applicant

Donation Information

Each taxpayer (individual and/or business) may deduct from federal tax, otherwise payable, a portion of their total contributions to federal political parties, and to federal candidates at an election. Provincial party contributions do not affect your federal tax credit. Examples of tax credits based on selected annual contribution levels are:

Your total contribution	Tax Credit	Actual Cost
\$50.00	\$37.50	\$12.50
\$75.00	\$56.25	\$18.75
\$100.00	\$75.00	\$25.00
\$200.00	\$150.00	\$50.00
\$300.00	\$225.00	\$75.00

a) Membership of above-named applicants

Member #1 - 1 year \$10.00 2 years \$20.00 3 years \$30.00 5 years \$35.00 \$ _____

Member #2 - 1 year \$10.00 2 years \$20.00 3 years \$30.00 5 years \$35.00 \$ _____

b) Donation \$ _____
 Total \$ _____

Payment Information

Payable by personal cheque or credit card to **Conservative Party of Canada, Mississauga South**. Under current law, unable to accept payment from corporations.

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 conditions of membership.

By personal cheque
 By credit card Visa Mastercard Other (please identify) _____
 Card No. _____ expiry date _____ / _____
 Name on credit card _____ Signature _____
 required for credit card