

Family Application for Membership in the Conservative Party of Canada

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 MR. MRS. MISS MS. (PRINT IN BLOCK LETTERS) FIRST NAME INITIAL/MIDDLE NAME

PHONE NUMBER EMAIL ADDRESS DATE OF BIRTH

1 year - \$15 2 year - \$25 3 year - \$35 4 year - \$45 5 year - \$50

Spouse/Partner

LAST NAME MR. MRS. MISS MS. (PRINT IN BLOCK LETTERS) FIRST NAME INITIAL/MIDDLE NAME

PHONE NUMBER EMAIL ADDRESS DATE OF BIRTH

1 year - \$15 2 year - \$25 3 year - \$35 4 year - \$45 5 year - \$50

Minor Age Child 1

LAST NAME MR. MRS. MISS MS. (PRINT IN BLOCK LETTERS) FIRST NAME INITIAL/MIDDLE NAME

PHONE NUMBER EMAIL ADDRESS DATE OF BIRTH

1 year - \$15 2 year - \$25 3 year - \$35 4 year - \$45 5 year - \$50

Minor Age Child 2

LAST NAME MR. MRS. MISS MS. (PRINT IN BLOCK LETTERS) FIRST NAME INITIAL/MIDDLE NAME

PHONE NUMBER EMAIL ADDRESS DATE OF BIRTH

1 year - \$15 2 year - \$25 3 year - \$35 4 year - \$45 5 year - \$50

Minor Age Child 3

LAST NAME MR. MRS. MISS MS. (PRINT IN BLOCK LETTERS) FIRST NAME INITIAL/MIDDLE NAME

PHONE NUMBER EMAIL ADDRESS DATE OF BIRTH

1 year - \$15 2 year - \$25 3 year - \$35 4 year - \$45 5 year - \$50

Minor Age Child 4

LAST NAME MR. MRS. MISS MS. (PRINT IN BLOCK LETTERS) FIRST NAME INITIAL/MIDDLE NAME

PHONE NUMBER EMAIL ADDRESS DATE OF BIRTH

1 year - \$15 2 year - \$25 3 year - \$35 4 year - \$45 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 donation to Sabrina’s nomination campaign (OPTIONAL):

(Donations to a nomination campaign are not eligible for tax credits, unfortunately)

\$15 \$25 \$50 \$75 \$100 Other: _____

Total Membership Cost + Contribution if Applicable = \$ _____

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. **Please ensure you are using a personal credit card or a personal cheque. No cash accepted.**

I have a personal cheque payable to: DOUGLAS LOWRY, FINANCIAL AGENT

OR

I am making this purchase with my own personal credit card:

Please charge my credit card for: \$ _____ (total membership cost + contribution if applicable)

Type of credit card: VISA MasterCard American Express

Card Number: _____ Expiry Date: _____ / _____ CVC: _____

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

Cardholder’s Signature: _____

Please mail the signed form with an enclosed cheque to:
Douglas Lowry, 15 Sullivan Street, Unit D
Toronto, ON, M5T 1B8

Or email to us a scanned signed copy if you are
including your credit card info instead of a cheque:
sabrina@sabrinazuniga.ca

For questions please contact:
647-893-2080
Sabrina@SabrinaZuniga.ca

Authorized by the Official Agent For Sabrina Zuniga Nomination Campaign