

Peterborough Conservative Electoral District Association

Membership Form

- ✓ Must be 14 years of age
- ✓ Actively support the founding principles of the Conservative Party
- ✓ Permanent resident of Canada

Date: _____

(PLEASE PRINT CLEARLY)

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

SIGNATURE: _____

Membership: please check the length of membership you wish to purchase:

1 year \$10 2 years \$20 3 years \$30 4 years \$40 5 years \$50

* Please note that membership fees are non-refundable and non-receptable in accordance with the Canada Revenue Agency Guidelines.

Donation: I would also like to make a tax-deductible contribution to the in the amount of (80% of the donation stays in Peterborough if made through local EDA):

\$25 \$50 \$100 \$500 Other \$ _____

Payment Information:

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

I have paid by **cash**.

I have made my **cheque** payable to: Peterborough Conservative EDA.

I am making this purchase with **my own personal credit card** in the amount of: _____

*can be sent by mail or by fax , please see address and fax info below

Type of credit card: Visa Master Card American Express

Card Number: _____ Expiry: / _____

Cardholder's Name: _____

Cardholder's Signature: _____

Peterborough Conservative Electoral District Association

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www.peterboroughconservative.ca