



PAPER MEMBERSHIP APPLICATION FORM

YES! I want to sign up for Membership to the Conservative Party of British Columbia!

***** PLEASE WRITE CLEARLY *****

Your Name: _____

Address: _____
(Residential)

City: _____ Province: BC Postal Code: _____

Preferred Phone: _____ Age: _____ (optional)

E-Mail: _____

Salutation (optional):

- | | |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> Mr. | <input type="checkbox"/> Ms. |
| <input type="checkbox"/> Mrs. | <input type="checkbox"/> Miss |
| <input type="checkbox"/> Dr. | <input type="checkbox"/> Rev. |

Membership Lengths (check one):

- ☐ \$10 – 4 Year

Membership Attestation (check all):

- ☐ I am a Canadian citizen or permanent resident.
☐ I am not a member of any other provincial political party.
☐ I am making a payment out of my own personal funds and am not being reimbursed by another person or organization.
☐ I accept and abide by the Constitution, Principles, Policies, Bylaws and Code of Conduct of the Conservative Party of BC.

\$ _____ Additional donation

Signature (Membership Applicant): _____ Date: _____

Method of Payment:

☐ I have made my personal cheque payable to: [**Conservative Party of BC**](#)

☐ I would like to pay by personal credit card, the amount: \$ _____

Type of credit card: ☐ VISA ☐ MasterCard ☐ American Express

Card Number: _____

Expiry Date (month/year): _____ / _____ CVV# _____

Cardholder's Signature: _____

Return signed form and cheque by postal mail to:

Conservative Party of British Columbia
327-1434 Ironwood St
Campbell River BC
V9W 5T5