



## Membership Application Form

# Progressive Conservative Association of Prince Edward Island

Address: PO Box 578, Charlottetown, Prince Edward Island C1A 7L1 | Website: [peipc.ca](http://peipc.ca)

E-mail: [info@peipc.ca](mailto:info@peipc.ca) | Telephone: 902-628-8679 | Toll Free: 1-800-859-4221 | Fax: 902-628-6428

☐ **New Member**

☐ **Renewal**

Form will not be accepted unless ALL information is completed accurately and in full. Please return to address above.

**Membership Terms:** 2 Years ☐ Individual \$10.00 ☐ Senior \$5.00 (65+) ☐ Youth (14-19) \$5.00 ☐ Family \$25.00

5 Years ☐ Individual \$20.00 ☐ Senior \$10.00 (65+) ☐ Youth \$10.00

Date of Birth 

MM	DD	YY
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First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Signature of Applicant X \_\_\_\_\_

I would like to receive the PC Newsletter: ☐ Yes

Date of Application/Renewal \_\_\_\_\_

**I would like to become a Volunteer:**

☐ District Level ☐ Provincial Office

**For Office Use Only**

District #: \_\_\_\_\_ Poll #: \_\_\_\_\_ Membership #: \_\_\_\_\_

### Family Membership Only

Partner	Date of Birth	<table border="1"><tr><td>MM</td><td>DD</td><td>YY</td></tr></table>	MM	DD	YY
MM	DD	YY			
Youth	Date of Birth	<table border="1"><tr><td>MM</td><td>DD</td><td>YY</td></tr></table>	MM	DD	YY
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### Payment Information

I would like to donate \$ \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_ ☐ **Cash** ☐ **Cheque**

☐ **MASTERCARD** EXPIRY DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_ AUTHORIZED \_\_\_\_\_

☐ **VISA** \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

CVC \_\_\_\_\_

SIGNATURE \_\_\_\_\_