

Parti conservateur
du Canada



Conservative Party
of Canada

RICHMOND HILL ELECTORAL DISTRICT ASSOCIATION

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Membership Application

Dr. Mr. Mrs. Ms. Youth Membership

First Name _____ Last Name _____

Street Address _____

Apt/Suite # _____ City _____

Province _____ Postal Code _____

Home Phone () _____ Work Phone () _____

Fax () _____ Email _____

Mailing Address (if different than street address) _____ Apt/Suite # _____

City _____ Province _____ Postal Code _____

Membership English French **Current Membership No.** _____

\$ _____ 1 year/\$10, 2 years/\$20, **3 years/\$30**, 4 years/\$40, 5 years/\$50

\$ _____ Donation

\$ _____ **TOTAL** Method of payment Cash Cheque

Please make cheque payable to the [Richmond Hill Conservative Party of Canada](#).

I hereby acknowledge that I am a Canadian citizen or permanent resident of Canada, I am at least 14 years of age, I support the founding principles of the Conservative party of Canada and I am paying for this membership from my own resources. Please note, the name on the cheque must match the name on this membership application. A separate form must be used for each person purchasing a membership.

Applicant Signature _____ Date _____

Once completed, please mail your application along with the payment to the address above, attention: Membership Chair.