

MEMBERSHIP / DONATION FORM

Take advantage of the 5-year membership rate when purchasing or renewing your membership.

Please consider donating to the Parkland Conservative Association.

MEMBERSHIP IN THE CONSE	RVATIVE PARTY OF C	CANADA
Given Name:	_ Middle Initial: La	ast Name:
Mailing Address:	Municipality:	Postal Code:
(if different)		
Residential Address:	Municipality:	Postal Code:
Home Phone: Cell Phone	:l	Email:
☐ 1 Year \$15 ☐ 2 year \$25	П 3 Year \$35 Г	1 4Year \$45 □ 5 Year \$50
Add another person in your household:	_ 0.00.	2 1.ca. 4.5 2 5.ca. 456
Given Name:	Middle Initial: La	ast Name:
Email:		ot name.
☐ 1 Year \$15 ☐ 2 year \$25] 4Year \$45 □ 5 Year \$50
	CONDITIONS OF MEMBERSHIP	
• Each new or renewing member belongs to my household and are • Each membership paid for by my credit card or cheque has been DONATION TO THE PARKLAN I/we wish to contribute: After a tax credit/refund is applied, the actual cost to \$50(\$12.50)\$ \$100(\$25)\$ \$25	D CONSERVATIVE AS you is as shown in brackets as fo	SSOCIATION bllows:
Total Donatio	ns & Memberships	\$
CREDIT CARD PAYMENT Please charge my personal VISA M		PAYMENT cheque(s) only (no corporate) payable to Conservative Association
	CASH PAY	MENT
Expiry date: / (MM / YY)		ments are not acceptable for memberships. cash donation is \$20. Please sign form below
PRINT cardholder's name as it appears on the card:	signature	line.
Trainer caranolaci s name as it appears on the cara.	Th	ank you for your support!
Signature of cardholder:		arkland Conservative Association #186, 108 - 4301B South Park Drive,
***I have read and agree to the conditions of membership		#100, 100 - 43016 South Park Drive, Stony Plain, AB T7Z 2A9

Office use: RECEIVED_____PROCESSED_____ Revised April 2024