

Date \_\_\_\_\_

Membership Renewal    OR     Membership Application    OR     Donation

Name (1) \_\_\_\_\_ ID# (for renewal) (1) \_\_\_\_\_  
(2) \_\_\_\_\_ (2) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

Membership:  1 year \$15     2 years \$30     3 years \$45     5 years \$60

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

I would also like to make a tax-deductible contribution:

\$25     \$50     \$100     other \_\_\_\_\_  
 Amex     Mastercard     Visa    Card # \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Expiry \_\_\_\_\_

or attach cheque payable to:  
*Niagara Falls Conservative Association*

Conservative Fund Canada will issue an official tax receipt for your contribution. Please be advised that Elections Canada does not allow tax receipts to be issued in any other name than that of the donor. The donor is considered to be the signature on the cheque or the holder of the credit card.

By attaching payment I certify that I meet these Conditions of Membership:

- I am a Canadian Citizen or a Permanent Resident of Canada
- I actively support the founding principles of the CPC
- I am at least 14 years of age

If paying for more than one membership in a household with the same cheque or credit card I certify that:

- Each of the members is a member of my household and related to me and comply with the above conditions of membership
- Each membership paid for by my cheque or credit card has been bought with funds belonging to each of the new or renewing members and with their consent.

\_\_\_\_\_  
Signature (1)

\_\_\_\_\_  
Signature (2)



**Please provide us with your email address for future delivery of this newsletter.**  
**EMAIL SAVES TIME . . . AND TREES**