



Office Use Only: Date Received

DO YOU HAVE ANY QUESTIONS? CONTACT US AT:

23 Kennedy Street, Winnipeg, Manitoba R3C 1S5

Phone: (204) 594-4080 Toll Free 1-800-663-8679 Fax: (204) 594-4081

Website: www.pcmantoba.com or Email: pcmantoba@pcmantoba.com

MEMBERSHIP APPLICATION

PLEASE PRINT

Constituency Name _____

☐ New☐ Renewal☐ Mr.☐ Mrs.☐ Ms.First Name _____ Middle Initial _____ Last Name _____ Date of Birth: DD / MM / YY

Residential Address _____ City / Town _____ Postal Code _____

Mailing Address (if different) _____ City / Town _____ Postal Code _____

Section / Township / Range / / Home Phone _____ Mobile Phone (for text updates) _____
e.g. NW 26-12-3E

Email _____ Recruiter's Name: _____

MEMBERSHIP PRICE: ☐ \$20.00 (Membership valid until December 31, 2020 or the day after the next General Election)*** Additional household members:**Name: _____ Email: _____ ☐ \$20.00 M / F Date of Birth: DD / MM / YYName: _____ Email: _____ ☐ \$20.00 M / F Date of Birth: DD / MM / YYName: _____ Email: _____ ☐ \$20.00 M / F Date of Birth: DD / MM / YYName: _____ Email: _____ ☐ \$20.00 M / F Date of Birth: DD / MM / YY_____ x \$20 = \$ _____ A
Total # of memberships

Please fill out ALL fields. This will ensure you receive your tax receipt and prevent this form being returned incomplete.

DONATION

Yes! I would like to make a tax-deductible DONATION to the:

☐ Provincial Party ☐ Local Constituency☐ \$25 ☐ \$50 ☐ \$75 ☐ \$100 ☐ Other: \$ _____ B☐ Yes! I would like to volunteer! Contact me at:
_____TOTAL AMOUNT: \$ _____ A + \$ _____ B = \$ _____
Membership Donation

Please add total from membership and contribution sections.

METHOD OF PAYMENT (personal cheques payable to "PC Party of Manitoba")☐ Cheque☐ Cash☐ Credit Card

Credit Card # _____

Expiry date (mm/yy) _____

Cardholder's Name _____

Cardholder's Signature _____

Thank you for your support.

Please note that memberships and donations must be paid for with personal funds (personal credit card, personal cheque, etc.) Membership fees are non-refundable. Tax receipt will be issued at end of current year.

* 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 family 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. By attaching payment I certify that I am a resident of Manitoba, I actively support the principles of the Progressive Conservative Party of Manitoba and I am at least 14 years of age.

Applicant's Signature (required) **X** _____