



Guelph Provincial Progressive Conservative Association

Date Received by GPPCA

Membership Application

RESIDENCE and CONTACT INFORMATION *Please Print Clearly*

NAME	Office Use Only: Member #:	Expiry Date:
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Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other ___ My membership is: New Renewal
 First Name: _____ Last Name: _____

PRIMARY Address of Residence: _____ Unit/Apt: _____

Emergency (Fire) # (rural addresses, if applicable) _____

City/Town: _____ Postal Code: _____

MAILING Address (if different from Residential Address):
 _____ Unit/Apt: _____

Emergency (Fire) # (rural addresses, if applicable) _____

City/Town: _____ Postal Code: _____

Telephone (Home): () _____	Telephone(Work/Alternate): () _____
Fax (Home): () _____	Fax (Work/Alternate): () _____

E-mail: _____

- One-Year Membership @ \$10.00
- Three-Year Membership @ \$25.00
- One-Year Youth Membership (Ages 14 - 18) @ \$5.00
Date of birth must be included if you are joining as a Youth to determine eligibility.

Memberships are valid until December 31st of the calendar year in which they are purchased.
 Memberships purchased *after* October 1st in a calendar year are valid until December 31st of the following calendar year.

_____/_____/_____
 (MM) (DD) (YEAR)

Membership in the Ontario PC Party shall be open to residents of Ontario who are fourteen (14) years of age or over, without regard to race, origin, religion or sex. Personal information is kept confidential and never sold or traded to any third party.

On signing this application I agree to support the objects and principles of the Ontario PC Party and uphold its Constitution.

I also understand that the Ontario PC Party and/or Guelph Provincial PC Association may collect, use, and disclose my personal information in the following manner: for Ontario PC Party leadership candidates; candidates seeking an elected position with the Ontario PC Party or recognized Association of the Party; PC Members of the Ontario Legislature; Officers and staff members of the Party; and the Guelph Provincial PC Association.

X Your Signature: _____ Date: _____

**Please turn over to complete your payment information
 and
 for the GPPCA mailing address and contact information**

