



PAPER MEMBERSHIP APPLICATION FORM

YES! I want to sign up for Membership to the Conservative Party of British Columbia!

***** PLEASE WRITE CLEARLY *****

Your Name: _____

Address: _____
(Residential)

City: _____ Province: BC Postal Code: _____

Preferred Phone: _____ Age: _____ (optional)

E-Mail: _____

All fields are mandatory, unless otherwise listed. Not completing them will result in the membership not being processed.

Membership Lengths (check one):

\$25 – 4 Year

\$ _____ Additional donation

Membership Attestation (check all):

- I am a Canadian citizen or permanent resident.
- I am not a member of any other provincial political party.
- I am making a payment out of my own personal funds and am not being reimbursed by another person or organization.
- I accept and abide by the Constitution, Principles, Policies, Bylaws and Code of Conduct of the Conservative Party of BC.

Signature (Membership Applicant): _____ Date: _____

Method of Payment:

The Conservative Party of BC does not accept cash, credit cards, prepaid credit cards, or corporate cards as a form of payment for paper membership forms.

I have made my personal cheque payable to: [Conservative Party of BC](#)

Return signed form and cheque by postal mail to:

Conservative Party of British Columbia
P.O. Box 28186, RPO West Pender
Vancouver, BC
V6C 3T7

Salutation (optional):

<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss
<input type="checkbox"/> Dr.	<input type="checkbox"/> Rev.