

A - Primary Member Information

Miss Mr. Mrs. Ms. Other _____

Family Name _____ First name _____ Middle Name/Initial _____

Residential Address (911 Address) _____ Mailing Address (if different) _____

City _____ Prov _____ Postal Code _____ City _____ Prov _____ Postal Code _____

Home _____ Business _____ Cell _____

Email _____

Membership new renewal 1 year \$15 2 year \$25 3 year \$35 4 year \$45 5 year \$50

X _____ Date _____

Signature _____ Date _____

B - Additional Members (same address)

Miss Mr. Mrs. Ms. Other _____

Family Name _____ First name _____ Middle Name/Initial _____

Membership new renewal 1 year \$15 2 year \$25 3 year \$35 4 year \$45 5 year \$50

X _____ Date _____

Signature _____ Date _____

Miss Mr. Mrs. Ms. Other _____

Family Name _____ First name _____ Middle Name/Initial _____

Membership new renewal 1 year \$15 2 year \$25 3 year \$35 4 year \$45 5 year \$50

X _____ Date _____

Signature _____ Date _____

Miss Mr. Mrs. Ms. Other _____

Family Name _____ First name _____ Middle Name/Initial _____

Membership new renewal 1 year \$15 2 year \$25 3 year \$35 4 year \$45 5 year \$50

X _____ Date _____

Signature _____ Date _____

Conditions of Membership

- I am a Canadian Citizen or Permanent Resident of Canada
- I Actively support the founding principles of the Conservative Party of Canada
- I am at least 14 years of age.
- I do not hold membership in another federal political party
- My Membership fees are paid from my own funds and no individual or organization will reimburse me

Note: For Memberships to be valid all persons **must** sign to accept the conditions of membership

See over for payment options and tax credit information

Donate Locally and Support your Association Directly

Receive a tax credit of up to 75% of your donation ♦ Tax receipts will be mailed at year end

Yes! I would like to make a one time donation of:

\$25 \$50 \$100 \$250 \$500 \$1000 \$1550 Other _____

Yes! I would like to make a **monthly** donation:

Please charge my Credit card on the 15th of each month with

\$10 \$21 \$42 \$84 \$129 Other _____

Payment Information

Membership Total _____ Donation Total _____ Grand Total

I enclose my cheque payable to **B of Q Conservative Association** 111-280 Coleman St. Belleville, ON K8P 3H7

Please Charge the total above to my **Visa** **Mastercard**

Card Number

_____/_____
Expiry Date

Name on Card

X

Signature

Tax Credit and Receipt Information

Contributions may qualify for a tax credit on your federal tax return as illustrated below

Contribution	Tax Credit	Actual cost
\$50.00	\$37.50	\$12.50
\$100.00	\$75.00	\$25.00
\$250.00	\$187.50	\$62.50
\$500.00	\$350.00	\$150.00
\$1550.00	\$650.00	\$900.00

The Bay of Quinte Conservative Association, accepts contributions from individual Canadian citizens or permanent residents to a maximum of \$1550.00 per calendar year.

Cash contributions in excess of \$20 will not be accepted. Tax receipts can only be issued in the name of the contributor and the contributor is considered to be the holder of the credit card or the signatory on the cheque. Please note that contributions from corporation, labour unions or associations, and unincorporated associations are prohibited.

**Memberships and Donations can also be processed online at
BoQconservative.ca**