



# Ontario PC Party Membership Application

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[www.ontariopc.com](http://www.ontariopc.com)

## PLEASE PRINT ALL INFORMATION

Title:  Mr.  Mrs.  Ms.  Dr. Other: \_\_\_\_\_

Last Name:\* \_\_\_\_\_ First Name:\* \_\_\_\_\_ Initials: \_\_\_\_\_

Riding\*: \_\_\_\_\_

My primary residence is in the riding listed above Organization:  OPCYA  OPCCA  OPCAW

Residential Address:\* \_\_\_\_\_

Postal Code:\* \_\_\_\_\_ Municipality/Township:\* \_\_\_\_\_

Mailing Address (if different from residential address):\* \_\_\_\_\_

Postal Code: \_\_\_\_\_ Municipality/Township: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone/Cell \_\_\_\_\_

Email (required for Party communications): \_\_\_\_\_

## MEMBERSHIPS ARE \$10.00 PER YEAR

### Membership Duration

- One Year
- Two Years
- Three Years
- Four Years
- Five Years

- Paid for with my own funds
- Paid for by a member of my immediate family

I would like to volunteer for the Ontario PC Party! Please contact me...

(Provide your phone and/or email above).

YES!

I would also like to receive Ontario PC Party text messages (Provide your cell number above)

YES!

## I WOULD LIKE TO KEEP OUR PARTY STRONG THROUGH A DONATION

I would also like to make a onetime donation of \$ \_\_\_\_\_ to:

- My local Association / Club
- The Ontario PC Party/ PC Ontario Fund
- Both the Party and my Association/Club (50/50)

Debit me automatically using pre-authorized donations

I would like to donate \$ \_\_\_\_\_ every:

- Month
- Quarter
- Year

Start debits on \_\_\_\_\_ / \_\_\_\_\_  
month year

## PAYMENT DETAILS (PLEASE PRINT)

Calculate: \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
Membership Fee Donation to Party Total

Payment Method:  Personal Cheque  Visa  Mastercard  Amex  Cash (Please do not mail cash)

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

I certify that the personal and payment information on this form is correct and I hereby declare that I support and will uphold the objectives and principles of the Ontario PC Party.

I am over the age of 14

Signature

\_\_\_\_\_

\*Required field. If this form is not filled out correctly, your membership cannot be processed