

FIRST NAME  MR.  MRS.  MISS.  MS.  DR.  HON.

LAST NAME



PHONE NUMBER

EMAIL



\* Please help us to keep you informed on events and other party news by including your e-mail address.

RESIDENTIAL ADDRESS

CITY/TOWN

POSTAL CODE




MAILING ADDRESS (if different from above)

CITY/TOWN

POSTAL CODE




**MEMBERSHIP IN THE UNITED CONSERVATIVE PARTY**

1 Year – \$10     2 Year – \$20     3 Year – \$25

**Membership fees are non-refundable.** By attaching payment I certify I meet these **Requirements of Membership:**

- reside in Alberta, or have resided in Alberta for at least six months of the previous 12 months;
- are at least 14 years of age;
- personally authorize my application;
- support the principles of the Association; and
- have paid the prescribed fee, personally or through an immediate family member (spouse, child or parent)

APPLICANT SIGNATURE

**DONATE TO KEEP ALBERTA STRONG**

\$25     \$50     \$100     \$250     \$500     \$1,000     Other \$

I have enclosed a personal cheque or money order payable to: **United Conservative Party**

I am paying by credit card.     VISA     MASTERCARD     AMERICAN EXPRESS

CARD NUMBER

EXPIRY DATE

CVV




CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE



Your Donation	Cost to You After Tax Credit	You Save!
\$50.00	\$12.50	<b>\$37.50</b>
\$100.00	\$25.00	<b>\$75.00</b>
\$200.00	\$50.00	<b>\$150.00</b>
\$500.00	\$200.00	<b>\$300.00</b>
\$1,100.00	\$500.00	<b>\$600.00</b>
\$2,000.00	\$1,100.00	<b>\$900.00</b>
\$5,000.00 (max.)	\$4,000.00	<b>\$1,000.00</b>



Complete this form securely online

\* Tax credits apply to donations only.