

Saanich-Gulf Islands EDA MEMBERSHIP APPLICATION and DONATION FORM

	IR. □MRS □MISS [MS	FIRST NAME	INITIAL/MIDDLE NAME
RESIDENTIAL ADDR	FSS	CITY/TOV	 WN	PROVINCE POSTAL CODE
HOME PHONE		CELL PHONE		
EMAIL ADDRESS				MEMBERSHIP NUMBER
MEMBERSHIP				
☐ 1 YEAR - \$15.00 Please note that mem				5 YEAR - \$60.00 nada Revenue Agency Guidelines.
State	0			ion. Please be advised that Elections Canada d to be the signature on the cheque or the
 I am a Canadian Ci I actively support th I am at least 14 year 	tizen or a Permanent Re e principles of the CPC		Membership:	
· Each of the membe	ers is a member of my he	ousehold and related to me	and comply with the abov	credit card I certify that: we conditions of membership. b each of the new or renewing members and
APPLICANT SIGNAT	URE:		DATE:	
Registered political	parties are unable to a	accept membership fees o	r contributions from co	rporations, trade unions, or associations.
Payment method:	Cheque Pay	vable to Conservative Fun	d Saanich Gulf Islands	
	Credit Card	Please charge my credit ca	rd for: \$	
Credit Card:	🗌 Visa 🗌	Mastercard		
Card Number:			Expiry Date:	
Please mail this form	with cheque or credit ca	urd information to: Saanich BOX 606 Saanicht V8M 2C5	, on, BC	ve Association