Ontario Party Membership Application



Please print all information clearly

Contact Information:

First Name: N	الطالعة المالية المالي
Last Name:	
Date of Birth: <u>DD</u> / <u>MM</u> / <u>YYYY</u>	
Email:	
Phone:	
Home Address	
Street Name:	
Unit Number:	Street Number:
City/Town:	Postal Code:
Choose Your Membership:	
	[] 3 years (\$45) [] 5 years (\$75)
Donate:	
I would also like to support the Ontario Part	y with a donation:
[] One Time [] Monthly [] Yearly	
[] \$50 [] \$100 [] \$200 [] \$400 (Maximum yearly donation allowed by Elections Onta	
Payment:	
[] Cheque (payable to "Ontario Party") OR	l [] Visa [] Mastercard [] Amex
Name on Credit Card:	CVV:
Credit Card Number:	Expiry Date: MM / YYYY
By completing and signing this form, I understall confirm that I am a Canadian citizen or Permane Province of Ontario; I am at least 14 years of agreement of the province of Ontario; and no person or organizate membership payments are not tax deductible; a to political parties in Ontario, including the amountario's Election Finances Act.	ent Resident of Canada normally residing in the ge; my membership fees and donation are paid ion will reimburse me; I understand and I understand that annual membership fees
[] I have read and agree to abide by the Onta	rio Party Charter (www.ontarioparty.ca/charter).
Signature:	Date:DD /MM /YYYY_