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MEMBERSHIP APPLICATION

Membership Application Terms

- I, understand that, as per Section 10 of the Agreement in principle on the establishment of the United Conservative Party (the "UCP"), in order to be eligible for membership I, and any others in this application, must: be a Canadian Citizen or Permanent Resident of Canada; ordinarily reside in Alberta; be at least fourteen (14) years of age; indicate intention to join the UCP by personally authorizing this application for membership in the UCP; support the principles of the UCP; and have paid the prescribed membership fee, personally or through an immediate family member (spouse, parent or child).
- I, understand that a failure to provide accurate and current information on this form may, given this form's purpose to verify an applicant's identity and eligibility for membership in the UCP, may result in processing delays, failure to receive important communication, and/or denial of an applicant's membership application.

Please note that as a member of the UCA, you are also a member of the UCP and membership purchases are non-refundable.

DATE: _____ SIGNATURE: _____

New Renewal 1YR \$10 2YR \$20 3YR \$25

PLEASE PRINT AND PROVIDE ALL INFORMATION WITH AN ASTERISK *

MEMBER INFORMATION

Name* _____
Given First Name and Initial Preferred First Name Last Name

Phone* _____ Mobile _____

Email* _____

- I understand that by **NOT** providing an email address, I will not receive a copy of my membership, will receive limited communication from the party and may not receive information about events in my local constituency.

RESIDENTIAL ADDRESS *This is where I live (For rural please use 911 address)

Unit/Suite _____ Address _____
 City/Town _____ Postal Code _____

MAILING ADDRESS *This is where I want my UCP mail delivered (Where I Collect My Mail)

My Mailing Address is the same as my Residential Address Yes No (If No, please add your mailing address below)

Unit/Suite _____ Address _____ City/Town _____ Postal Code _____

Could we put one of our blue United Conservative election signs on your lawn during the next election? Yes

CREDIT CARD # _____

EXPIRES _____ NAME ON CREDIT CARD _____
MONTH YEAR *CV

Please make cheques payable to United Conservative Party

OFFICE USE ONLY

Cheque Cheque # _____ Cash Credit Card Member Only Split