



**Membership Application Form**  
**Progressive Conservative Party of Prince Edward Island**

Address: PO Box 578, Charlottetown, Prince Edward Island C1A 7L1 Website: www.peipccparty.ca  
 E-mail: info@peipccparty.ca | Telephone: 902-628-8679 | Toll Free: 1-800-859-4221 | Fax: 902-628-6428

New Member     Renewal

Form will not be accepted unless ALL information is completed accurately and in full. Please return to address above.

Membership Terms : 2 Years  Individual \$10.00     Senior \$5.00 (65+)     Youth (14 - 19) \$5.00     Family \$25  
 Mr.     Ms.    5 Years  Individual \$20.00     Senior \$10.00 (65+)     Youth \$10.00    Date of Birth MM DD YY  
 Mrs.     Miss.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Signature of Applicant X \_\_\_\_\_

I would like to receive the PC Newsletter by:  Email     Mail    Date of Application/Renewal \_\_\_\_\_

*I would like to become a Volunteer:*

District Level     Provincial Office

For Office Use Only

District #: \_\_\_\_\_ Poll #: \_\_\_\_\_ Membership #: \_\_\_\_\_

**Family Membership Only**

Spouse \_\_\_\_\_ Date of Birth MM DD YY  
 Youth \_\_\_\_\_ Date of Birth MM DD YY  
 Youth \_\_\_\_\_ Date of Birth MM DD YY  
 Youth \_\_\_\_\_ Date of Birth MM DD YY

**Payment Information**

I would like to donate \$ \_\_\_\_\_  
 TOTAL DUE: \_\_\_\_\_  Cash     Cheque  
 VISA  
 MASTERCARD    EXPIRY DATE \_\_\_\_\_  
 CARD NUMBER \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_



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