



FAMILY MEMBERSHIP APPLICATION

To join the Maverick Party using the Family membership form, all household members must live at the same address.

Applicant

First Name	Initial	Last name
Home Phone	Cell Phone	Email

Family Member 1 (living at same address)

First Name	Initial	Last name
Home Phone	Cell Phone	Email

Family Member 2 (living at same address)

First Name	Initial	Last name
Home Phone	Cell Phone	Email

Family Member 3 (living at same address)

First Name	Initial	Last name
Home Phone	Cell Phone	Email

Family Member 4 (living at same address)

First Name	Initial	Last name
Home Phone	Cell Phone	Email

Family Member 5 (living at same address)

First Name	Initial	Last name
Home Phone	Cell Phone	Email

RESIDENTIAL INFORMATION (Use your 911 address for your Residence if you live in rural areas)

Residential Address	City/Town/Province	Postal Code
Mailing Address	City/Town/Province	Postal Code

MAVERICK FREEDOM

Indicate if all these memberships are : 1 YEAR \$10 3 YEARS \$25 5 YEARS \$43

#MEMBERS X MEMBERSHIP FEE \$ =TOTAL MEMBERSHIP FEES \$

Are these membership renewals? If yes – do you know your membership numbers? If handy please write them down here: _____

I would like to donate!

Amount: \$20 \$50 \$100 \$500 \$1000 \$1725 Other \$

COULD WE PUT A MAVERICK SIGN ON YOUR PROPERTY DURING AN ELECTION? YES NO

By attaching payment, I certify that I meet these Conditions of Membership:

- I am a Canadian Citizen or Permanent Resident of Canada and reside in Western Canada or the Territories.
- I actively support the founding principles of the Maverick Party.
- I am at least 14 years of age.
- I do not hold membership in another federal political party.
- My membership fees are paid from my own funds and no individual or organization will reimburse me.

If paying for more than one membership in a household with the same cheque or credit card, I certify that:

- Each of the members is a member of my household and comply with the above conditions of membership
- Each membership paid for by my cheque or credit card has been bought with funds belonging to each of the new or renewing members and with their consent.

NOTE: Parties can not accept memberships fees or donations paid by corporations, unions, or associations.

Cash Cheque VISA MasterCard AMEX Total Amount\$

CREDIT CARD# EXPIRES *CVV#

NAME ON CREDIT CARD

Applicant Signature: _____ Date: _____

PLEASE MAKE CHEQUES PAYABLE TO Maverick Party

MAIL TO: 7410 Fairmount Drive SE, Calgary, AB, T2H 0X7 Email: info@maverickparty.ca