



## MEMBERSHIP APPLICATION

### APPLICANT

|            |            |           |
|------------|------------|-----------|
| 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 |

### MEMBERSHIP

RENEWAL  NEW  1 YEAR \$10  3 YEARS \$25  5 Years \$43

### I would like to donate

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

\*Please note that membership fees and donations are non-refundable and non-receiptable in accordance with Canada Revenue Agency guidelines

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.

\* NOTE: Parties cannot accept memberships fees or donations paid by corporations, unions or associations.

Cash  Cheque  VISA  MasterCard  AMEX

Total Amount\$

CREDIT CARD#  EXPIRES  \*CV

NAME ON CREDIT CARD

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE MAKE CHEQUES PAYABLE TO Maverick Party

MAIL TO: 7410 Fairmount Drive SE, Calgary, AB, T2H 0X9 Email: info@maverickparty.ca