



## 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

#### I would like to make a donation

Amount:  \$20  \$50  \$100  \$500  \$1000  \$1625  Other \$

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

\*At this time, we are unable to issue a tax receipt for your donation as Elections Canada requires all new parties to run a candidate in an election or by-election first.

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.
- My membership fees are paid from my own funds and no individual or organization will reimburse me.

\* 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  \*CV

NAME ON CREDIT CARD

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

PLEASE MAKE CHEQUES PAYABLE TO Maverick Party

MAIL TO: Suite 405, 1500 14 ST SW, Calgary, AB, T3C 1C9 Email: info@maverickparty.ca