



The Progressive Conservative Party of Ontario

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Name of Riding Association/Club

S U D B U R Y

If joining a Riding Association.
Do you primarily reside in this riding?

YES NO

Riding Association

OPCYA (Youth)

OPCCA (Campus)

OPCAW (Women's Association)

Club
Complete Club name above

Mr **Last Name (Family)**

First Name (Given)

Initial

Mrs
 Miss
 Ms

Primary Address of Residence

(Business addresses will not be accepted)

Apt Number - Street Number and Street Name or Lot and Concession (or 911)

Municipality or Township

Postal Code

Mailing Address

(If different from residential address)

Apartment Number - Street Number and Street Name or Rural Route

Municipality or Township

Postal Code

Telephone

Residence Area code Telephone number Extension

Business Area code Telephone number Extension

Cell Phone/Pager Area code Telephone number Extension

IS YOUR CELLULAR PHONE SMS ENABLED? YES
(SMS - SHORT MESSAGE SERVICE - MOBILE TEXT MESSAGING)

Fax

Area Code Fax number

Occupation (optional)

Gender

Male Female

Date of Birth

(Optional for Adult members)

Day Month Year

E-Mail Address (example username@domainname.com | .ca, .net, .org, etc.)

Membership Type (SELECT ONE)

Adult Member Senior Member ** Youth Member **

** Date of birth (above) must be included if you are joining as a youth or senior

Membership fee paid: \$ (\$10 per year)

I would like to buy a membership for:

SELECT ONE

1 2 3 4 5
Y E A R S

- This membership paid from my own funds
- This membership paid by _____ (PRINT) who is a member of my immediate family.
- This membership paid through my pre-authorized donation payment plan

I certify that the personal and payment information on this form is correct and I hereby declare that I support the principles of the Progressive Conservative Party of Ontario.

X PLEASE SIGN HERE