



Request for Membership Application Forms to a maximum of 25

Forms requested: # _____ For the riding of: _____

Applicant Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____

Identification: _____ _____ _____
DRIVER'S LICENSE GREEN ONTARIO HEALTH CARD OTHER

Applicant is a member of this Riding Association: Yes No

If no, new membership application completed: _____
APPLICATION NUMBER

Payment (Must be from the applicant's personal funds)

Cash (Must complete Cash Confirmation Form) Cheque Visa MasterCard Amex

Card # _____ Expiry Date: _____

Signature: _____

Cash Confirmation Form

I, _____
NAME

ADDRESS

CITY PROVINCE POSTAL CODE

have paid \$ _____ in cash to the Liberal Party of Canada (Ontario)

Signature: _____ Date: _____

For LPC(O) use only

Form numbers Start: _____ Finish: _____
Start: _____ Finish: _____

Number of forms: _____ x \$1.00 per form: _____

Payment received by: _____ Date: _____

Logged by: _____ Date: _____