MEMBERSHIP APPLICATION

Membership is open to Alberta residents who are at least 14 years of age, indicate their intention to join the UCP by personally authorizing an application for membership, support the principles of the UCP and have paid the membership fee, personally or through an immediate family member (spouse, parent, child)

UCP office
4317 23B St NE
Calgary AB T2E 7V9

Toll-free – 1-888-465-2660
www.unitedconservative.ca
info@unitedconservative.ca

☐ 1YR $10 ☐ 2YR $20 ☐ 3YR $25

Please print (*required)

Name*_____
First Last Given

Residential address:*_____

Mailing address:*_____

City/town:*_____

Postal code:*_____ Phone*: _____ Cell:_____

Email*_____

☐ I understand that by NOT providing an email address, I will not receive a copy of my membership, will received limited communication from the party and may not receive information about events in my local constituency.

Constituency (if known) _____

CREDIT CARD

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expires _____ |_____*_____
MONTH YEAR CVV

Make cheques payable to United Conservative Party

Date: _____

Signature: _____