

Membership Form

PCIV#			Γ		Fundrais
1) Receipt Infor	mation:				Date So
Name			Initial /Middle Na	me	
Residential Address		City /Town	Postal	Code	
Preferred Phone Number		Email			
Spouse Name (if selecting one of the	spousal options)	Home Constituency			
2) Membership	<b>Options:</b> (Please ch	neck selected option)			
<b>Single Membership</b> Annual Payment Monthly Payment	<ul><li>☐ \$5000.00</li><li>☐ \$416.66</li></ul>	Split Membership V P L Annual Payment I T Monthly Payment	With Spouse ***	Spouse 1 \$2500.00 \$ 208.33	<b>Spouse 2</b> \$2500.0 \$ 208.33
*** Split Membership With Spouse- Ul ALL benefits, a spouse must be added Skies Club membership with spouse pl sole owner of the member who has pu	as a full member. Spouses who spl ease prepare two separate cheques	it a membership must prepare t	wo separate payment	transactions E.g. to	o split Blue
3) Payment Info		ments must be made by	PERSONAL Crec	lit Card or Che	que)
Cheque make cheque paya	ble to PC Party of Manitoba	Bank Account atta	ach voided cheque	e 🗆 Credit (	Card
Credit Card number:	,	Expiry Date:			
			Name on Credit Ca	ard	
Spouse					
Credit Card number:		Expiry Date:			
			Name on Credit C	ard	
authorize the PC Party to continue		anta until auch tina that I acc	aal ay maka ahay g		dia
-			icel of make change	is to my contribu	uon.
I do not wish to have members	hip in the PC Party of Manitoba i	included in this transaction			
OFFICE USE ONLY:			Cheque	Credit C	Card
DATE RECEIVED:	DATE ENTERED (PCIV):				
		NOTES:			
BY:	ВҮ:				
DATE PROCESSED:	- EXPIRY DATE:				
BY:					

## Thank you for your continued support for the PC Party of Manitoba!

Please return to:

PC Party of Manitoba | 23 Kennedy Street | Winnipeg, MB | R3C 1S5 | PHONE: (204) 594.4080 | TOLL FREE: 1.800.663.8679 | FAX: (204) 594.4081

## www.pcmanitoba.com