



## Ottawa South Conservative Association Membership and Donation Form

Last Name		Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	First Name		Middle Name
Residential Address			City/Town	Province	Postal Code
Mailing Address (if different than residential address)			City/Town	Province	Postal Code
Primary Phone		Secondary Phone		**Signature (required to process form)**	
( )	home   work   cell	( )	home   work   cell		
E-mail address			Membership #		
Please renew my membership for:					
<input type="checkbox"/> 1 year @ \$15 <input type="checkbox"/> 3 years @ \$45 <input type="checkbox"/> 5 years @ \$60					
I would like to make a tax-deductible contribution of:					
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500					
<b>Make cheques payable to: Ottawa South Conservative Association</b>					
Ottawa South Conservative Association P.O. Box 301-2446 Bank St. Ottawa, ON K1V 1A8					