

Freedom Party of Ontario  
Application for Membership<sup>1</sup> / Official Contribution Form



Life. Liberty. Property.

Note: Information in fields marked with an asterisk (\*) are necessary.

\*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City and Province: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

Telephone: (home): \_\_\_\_\_ (business): \_\_\_\_\_

FAX: \_\_\_\_\_ (cell/other): \_\_\_\_\_

e-mail: \_\_\_\_\_@\_\_\_\_\_ web site: \_\_\_\_\_

I, THE APPLICANT ABOVE, hereby apply for membership in the Freedom Party of Ontario, and affirm that I support the Objectives of the Freedom Party of Ontario, which are:

- a) to encourage voters to vote for Freedom Party of Ontario candidates in provincial elections and by-elections;
- b) to influence government through the election of Freedom Party of Ontario Members of Provincial Parliament, for the better protection in Ontario of every individual's rights of life, liberty and property; and
- c) to build an organization of people who will work toward the achievement of Objectives (a) and (b).

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

<sup>1</sup>This application must be accompanied by the minimum **\$10.00 membership fee**, and must be remitted with the fee to the Provincial Headquarters of the Freedom Party of Ontario. **Name**, full **address**, and **signature** are required to validate this application. The first \$10 of any contribution accompanying this application is deemed to be a membership fee. Your membership will be confirmed in writing to the above address by the Provincial Executive of the Freedom Party of Ontario.

\_\_\_\_\_ **CALL ME! I'd like to get more involved.**

**Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **I'D LIKE TO HELP!**

I enclose: \_\_\_\_\_ \$2275 \_\_\_\_\_ \$1000 \_\_\_\_\_ \$300 \_\_\_\_\_ \$100 \_\_\_\_\_ \$50 \_\_\_\_\_ \$25 OTHER: \$ \_\_\_\_\_

I am making payment by (circle one)  CHEQUE  MONEY ORDER  CREDIT CARD

Credit Card (circle one):  Visa /  MasterCard /  American Express

Credit Card Number:

Expires:

**I'D LIKE TO BECOME A MONTHLY CONTRIBUTOR** \_\_\_\_\_ Attached please find \_\_\_\_\_ Please send me \_\_\_\_\_ an **AUTHORIZATION FORM** to make regular monthly contributions through my chequing account or credit card (VISA/MasterCard/American Express).  
(min: \$1 per month; max. subject to provincial annual limits)

\_\_\_\_\_ **HERE'S MY STEADY SUPPORT!** Enclosed please find # \_\_\_\_\_ **POST-DATED CHEQUE(S)** totalling \$ \_\_\_\_\_

**CHEQUES or MONEY ORDERS should be made payable to "FREEDOM PARTY OF ONTARIO".**

Return this form, and your fee/contribution, to Freedom Party of Ontario at:  
**240 Commissioners Road West, London, Ontario, CANADA N6J 1Y1**