

Freedom Party of Ontario
Application for Membership¹ / Official Contribution Form



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: _____

¹This 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