The TORONTO PARTY
LEADING THE WAY

MEMBERSHIP APPLICATION

MR/MRS/MS/DR

FIRST NAME _____ SURNAME _____

HOUSE NO _____ APARTMENT NO _____

STREET _____

CITY _____ POSTAL CODE _____

WARD NO: _____

TELEPHONE

HOME ___ ____ _____ OFFICE ___ ____ _____

CELL ___ ____ _____ E-MAIL _____

Annual Membership Fees are as follows:

Youth, aged 14 to 25, inclusive: $2.00
Adult, aged 26 to 65, inclusive: $10.00
Senior, aged 66 and older: $5.00

Date of Birth: (Day) _____ (Month) _____ (Year) _____

MEMBERSHIP FEE $ _____ GIFT IN KIND $ _____ TOTAL $ _____

I certify that the personal information on this form is correct and that I hereby support the Toronto Party. X _____

MAKE CHEQUE PAYABLE TO: THE TORONTO PARTY

MAIL TO:

The Toronto Party
c/o Thorncrest Postal Outlet
1500 Islington Ave.
P.O. Box 60009
Etobicoke, Ontario
M9A 5G2