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MEMBERSHIP APPLICATION / DONATION FORM

		\$100 (augus 7000) par Aprillan (47) (200) agr. (ambit) (37) (200) (ambit) (37) (47) (47) (47) (47) (47) (47) (47) (4
MEMBERSHIP APPLICATION TERMS		
I, understand that in order to be eligible for membership I and any others in this application, must: be a Canadian Citizen or Permanent Resident of Canada; ordinarily reside in Saskatchewan; be at least eighteen (18) years of age; indicate intention to join the Buffalo Party of Saskatchewan by personally authorizing this application for membership in the Buffalo Party of Saskatchewan; support the principles of the Buffalo Party of Saskatchewan; and have paid the prescribed membership fee, personally or through an immediate family member (spouse, parent or child).		
I, understand that a failure to provide accurate and current information on this form may, given this form's purpose to verify an applican't identity and eligibility for membership in the Buffalo Party of Saskatchewan, may result in processing delays, failure to receive important communication, and/or denial of an applicant's membership application.		
DATE: SIGNATURE:		
☐ New ☐ Renewal	New Renewal *Note: Buffalo Party of Saskatchewan is currently only selling one-year memberships \$10	
PLEASE PRINT AND PROVIDE ALL INFORMATION WITH AN ASTERISK*		
MEMBER / DONOR I	NFORMATION	
Name*Given Firs	t Name and Initial	Last Name
Phone*		☐ Mobile ☐ May we contact? ☐ Landline
Email*		
☐ I understand that by NOT providing an email address, I will not receive a copy of my membership, will receive limited		
communication from the party and may not receive information about events in my local constituency.		
Mailing Address*	Unit/Suite	Add
	Unit/Suite	Address
-	City/Town	Postal Code
Donation Only (I do not want a membership) Donation Amount:		
Credit Card #		
Expiry:	CVV:	Name on card:
PLEASE MAKE CHEQUES PAYABLE TO: BUFFALO PARTY OF SASKATCHEWAN		
OFFICE USE ONLY:		

☐ Credit Card

■ Donation

☐ Cash

☐ Cheque

Cheque #_