

CONSERVATIVE PARTY OF CANADA 2018 CONVENTION DELEGATE APPLICATION FORM

EDA NAME: CARLETON

DELEGATE CANDIDATE INFORMATION:

Name: _____

(Please Print)

Membership Number: _____ Phone Number: _____

Home Address: _____

City: _____ Province: ON Postal Code: _____

Date of Birth*: _____

(*Required only if you are seeking the Youth delegate position)

Email: _____

Signature: _____

MOVER:

Name: _____

(Please Print)

Membership Number: _____ Phone Number: _____

Home Address: _____

City: _____ Province: ON Postal Code: _____

Email: _____

Signature: _____

SECONDER:

Name: _____

(Please Print)

Membership Number: _____ Phone Number: _____

Home Address: _____

City: _____ Province: ON Postal Code: _____

Email: _____

Signature: _____