

THE KEYSTONE PARTY OF MANITOBA

MEMBERSHIP APPLICATION FORM

Date:	
NAME:	
PHYSICAL ADDRESS:	
MAILING ADDRESS:	
CITY**:F	POSTAL CODE:
PHONE NUMBER:EMAIL ADDRESS:	
1 year membership \$ 10.00 And/Or	Amount of Donation:
Payment Method	**Must reside in Manitoba
Cheque (Payable to Keystone Party)	
Credit Card	
Cardholder's Name:	
Card No:	
CVC code (three digits on reverse side):	
Payments by credit card v	vill receive a receipt by email.
All donations are tax-deductible. Tax receipts will be in	ssued at the end of the current calendar year.
Please send your membership form to:	
Keystone Party of Manitoba	
Box 904 Grunthal, Manitoba	
ROA ORO	
This is not an official tax receipt	