

**Parry Sound Muskoka Women's Liberal Club**

**MEMBER'S INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (H) \_\_\_\_\_ (CELL) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MEMBERSHIP:     [    ] Liberal Party of Canada

FEDERAL RIDING ASSOCIATION: **Parry Sound Muskoka**

CONSENT: I consent to sharing my personal information with the Parry Sound Muskoka  
Liberal Women's Club    YES [    ]       NO [    ]

\_\_\_\_\_  
Signature of Member

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