

# THE WELSH CONSERVATIVE CONFERENCE

Guest ID Code:

FRIDAY 27TH FEBRUARY & SATURDAY 28TH FEBRUARY, SWALEC STADIUM, CARDIFF

## PARTY MEMBER – WALES (PW) APPLICATION FORM

**FEE:** £20.00 - Please return the application forms as soon as possible, and no later than 6th February to enter the competition  
All applications are non-refundable and non-transferable

Constituency   
Region

HAVE YOU ATTENDED A WELSH CONSERVATIVE PARTY CONFERENCE BEFORE? Yes  No  PLEASE USE BLOCK CAPITALS

### GENERAL DETAILS

Title  Gender  F  M  
Surname   
First Name  Middle Name 1   
Middle Name 2  Maiden Name   
Date of Birth  dd/mm/yy Town of Birth   
Country of Birth  Nationality   
Address Line 1   
Address Line 2   
Address Line 3  Town/City   
County  Postcode   
Country

### CONTACT DETAILS

Home Tel No  Daytime Tel No   
Mobile No   
Email

### DISABILITY

Type

### CAR DETAILS

If you intend to drive to the SWALEC Stadium, please enter the details of the car you will be using on the day.  
This will guarantee your free car park space: otherwise you may not be granted entry to the car park.

Car Registration No  Make   
Model

### BADGE DETAILS – Please complete your details as you wish them to appear on your pass

You will be able to collect your conference pass and handbook on arrival at registration, further details of which will be sent out about two weeks prior to the Conference.

Name   
Representing  
(Constituency/Area)

**COUNTERSIGNATURE** – This person cannot be a relative or spouse/partner

Title	<input type="text"/>	First Name	<input type="text"/>	
Surname	<input type="text"/>	Gender	<input type="checkbox"/> F <input type="checkbox"/> M	
Date of Birth	<input type="text"/>	dd/mm/yy	Occupation	<input type="text"/>
Address	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Home Tel No	<input type="text"/>	Daytime Tel No	<input type="text"/>	
Mobile No	<input type="text"/>			
Email	<input type="text"/>			
What capacity known	<input type="text"/>	Months and Years	<input type="text"/> years <input type="text"/> months	
I confirm that I have known the applicant for a minimum of 6 months, they are affiliated to the Conservative Party and the above information is correct.				
Countersignature	<input type="text"/>		Date	<input type="text"/>

I confirm that the above information is all correct to the best of my knowledge:

Signature of Applicant	<input type="text"/>	Date	<input type="text"/>
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**IMPORTANT:** Please complete form and return it, together with your remittance, to:

**The Welsh Conservative Party, Ground Floor, Rhymney House, Copse Walk,  
Cardiff Gate Business Park, Cardiff CF23 8RB**

**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ CHECK 1 \_\_\_\_\_