

RENEWAL ASSOCIATE MEMBERSHIP



DATE: _____, 20____

APPLICATION FOR MEMBERSHIP

To the Secretary:

3662 Bracewell Place
Port Coquitlam, BC
V3B 7B7

Phone: (604) 944-0179
Fax: (604) 944-0535
E-mail: info@bcpma.com

Application is hereby made for membership in the B.C. Produce Marketing Association. A cheque is attached to cover the following dues for the year ending December 21, next.

Associate Membership	-	Initial Share	\$100.00	_____	
	-	Annual dues	\$365.00	_____	+ GST \$18.25 = \$383.25
					(GST# R106778160)

I/We are doing business as a(n) Individual ___ Corporation ___ and have been engaged in business under the present name for _____ years.

Names of Officers:

President: _____ Vice-President: _____

Secretary: _____ Treasurer: _____

Principal business in connection with the distribution of fresh fruit and vegetables of that of:

Retail Food: _____ Wholesaler: _____ Broker: _____

Transportation: _____ Grower/Shipper: _____ Allied Industry: _____

Recommended by: _____

I/We agree to uphold the objectives of the Association, abide by the Code of Ethics, By-Laws and all amendments thereto.

COMPANY: _____

SIGNED BY: _____

STREET ADDRESS: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____