



# Membership Application Form

Company information		
Company name:		
Business address:		
City:	Province:	Postal code:
Phone:	Fax:	Website:
Corporation/Legal Name: (if different from above)		
Canadian agent & address: (if applying from outside Canada)		

Company representation	
<b>Authorized Company Representative</b> This contact who will receive correspondences from CleanFARMS™ Inc.	
Name:	Title:
Email:	Phone:
Address: (if different from above)	
<b>Alternate Company Representative</b>	
Name:	Title:
Email:	Phone:
Address: (if different from above)	

Class of membership applied for ( <i>please turn over</i> )		
<input type="checkbox"/> Active	<input type="checkbox"/> Associate	<input type="checkbox"/> Affiliate

To learn more about our dues structure, please contact [us](#) or see our membership recruitment guide.

Acceptance of application for membership shall be subject to acceptance by the board and conditional on payment of applicable membership dues (plus HST) for the first year.

By executing and submitting this application for membership, I agree to be bound by the terms of the By-Laws of CleanFARMS™ Inc., a copy of which I hereby acknowledge has been provided to me.

\_\_\_\_\_  
Authorized Company Representative

\_\_\_\_\_  
Date

Return completed form and cheque to:

CleanFARMS™ Inc.  
21 Four Seasons Place, Suite 627  
Toronto, ON M9B 6J8  
Ph: 416-622-4460 or 1-877-622-4460