



Associate Membership Application Form

Name: _____ Company Name: _____

Primary Contact: _____ Additional Contacts: _____

Mailing Address: _____

Home Telephone: _____ Business Telephone: _____

Email: _____

Mobile Number: _____

Company website: _____

FAX #: _____

Please provide additional information about your interest in the aquaculture industry. For example, what products or services you provide.

2014 Associate Membership Rate

2014 Rate	\$75.00
HST	<u>\$10.50</u>
TOTAL	<u>\$85.50</u>

Paid by: Cheque # _____
 Cash
 Invoice

Signature

Date