



Prince Edward Island
**AQUACULTURE
ALLIANCE**

SUPPORT. PROMOTE. GROW.

Membership Application Form

Name: _____ Company Name: _____

Primary Contact: _____ Additional Contacts: _____

Mailing Address: _____

Home Telephone: _____ Business Telephone: _____

Mobile Number: _____ Email: _____

Company website: _____ FAX #: _____

Processor(s): _____

Please provide additional information about your business. For example, lease location, number of employees, years in the industry, etc.

2014 Mussel Grower Levy Rate \$0.003 + HST to be collected by Processors and remitted monthly.

Please check the box if you do not wish to receive:

- | | | | |
|-----------------|--------------------------|--------------------------------|--------------------------|
| Newsletters | <input type="checkbox"/> | Missions and Networking Events | <input type="checkbox"/> |
| Industry Events | <input type="checkbox"/> | Open and Closure Notices | <input type="checkbox"/> |

Signature

Date