



Membership Application Form

Name: _____ Company Name: _____

Primary Contact: _____ Additional Contacts: _____

Mailing Address: _____

Home Telephone: _____ Business Telephone: _____

Mobile Number: _____ Email: _____

FAX #: _____ Company website: _____

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

2013 Supplier Membership Rate

Level One	\$250.00	Level Two	\$500.00	Paid by: ÿ Cheque # _____
HST 14%	\$ <u>35.00</u>	HST 14%	\$ <u>70.00</u>	ÿ Cash
TOTAL	\$<u>285.00</u>	Total	\$<u>570.00</u>	ÿ Invoice

Signature

Date