



CALGARY PRODUCE MARKETING ASSOCIATION
**APPLICATION FOR
MEMBERSHIP**

DATE:_____

Name:_____

Company/Organization:_____

Phone Number:_____

Main Address:_____

Alternate Address:_____

City:_____

Province/State:_____

Postal/Zip code:_____

Country:_____

Email Address:_____

Website:_____

Business Type:_____

First Time Member:_____

How did you hear about us:_____

Membership Renewal:_____

Membership Agreement The total cost of membership is \$300 for one year. Members will be notified of all events hosted by the Calgary PM A occurring during the months of the membership. Newsletters and other notifications will be sent out to the contact information as indicated on this form. If for any reason any of this information changes please notify of changes promptly. Members will also be included in our membership directory upon receiving payment of membership. I acknowledge the following agreement and I agree to the above terms and conditions.

I agree _____ I do not agree _____

Please scan and return this form to, info@calgarypma.ca