

Membership Application



Name: _____

Business Name: _____

Address: _____ Town/ City: _____

Province: _____ Postal Code: _____

MD / County: _____

Phone: _____

Email: _____

Would you like to receive our newsletter by **mail** or **email** (Check One)

Would you like to receive event reminders by **phone** or **text** (Check One)

Type of Farm or Ranch: _____

Total Acres: _____ Crops Grown: _____

Type of Livestock: _____ Total # of Head: _____

The above figures help us determine our economic impact, which in turn helps us to secure stable and continued funding. Thank you for your assistance!

Length of Membership (Check One) **One Year** **Three Year** **Five Year**

Areas or topics that you would like more information on:

(signature)

Date: _____

Membership Fees:

\$50/1 Year Membership (Nov 30, 2025 expiry)

\$140/3 Year Membership (Nov 30, 2027 expiry)

\$225/5 Year Membership (Nov 30, 2029 expiry)

Return this form with cash or cheque payment to:

PCBFA Box 3000 Fairview, AB, T0H 1L0

Return email form with e-transfer payment to:

E-transfer sent to : **accounting@pcbfa.ca**

Returning Email : **info@pcbfa.ca**

Under Canada's Anti-Spam Legislation, PCBFA now needs your consent in order to provide you with information about upcoming events, delivery of our newsletter, and anything PCBFA related by electronic means, such as email.

If at any time you wish to withdraw your consent, you may do so by contacting any PCBFA staff member.

I consent