## Membership Application



Name:	
Business Name:	
	Town/ City:
Province:	Postal Code:
MD / County:	
Would you like to receive or	r newsletter by <u>mail</u> or <u>email</u> (Check One)
Would you like to receive ev	ent reminders by <b>phone</b> or <b>text</b> (Check One)
Type of Farm or Ranch:	
	Crops Grown:
Type of Livestock:	Total # of Head:
v & 1	mine our economic impact, which in turn helps us to secure stable and nued funding. Thank you for your assistance!
Length of Membership	(Check One) One Year Three Year Five Year
Areas or topics that you wou	ld like more information on:
	Date:
(signature)	

## **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.