



ASSOCIATE MEMBER APPLICATION FORM

New Member

Renewal of Membership

Delete from Mailing List

Member Information

Contact Name:	
Business Name:	
Other contact/business partner(s) name(s):	
Address: <i>Please include full mailing address</i>	
Phone #:	
Fax #:	
Cell #:	
Email:	
Premise ID #:	

Membership Class: Associate Member – Non-Voting

Receives *The Connection* Magazine, important industry updates, but are not able to serve on the VFO Board or to vote on VFO constitutional items.

Business:

- Packer/Processor
- Feed Supplier
- Supplier (i.e. pharmaceuticals, equipment, etc.)
- Other: _____

Membership Fees

- \$50.00 – One year membership (including HST)

Are you interested in receiving the VFO weekly eblast containing the Market Report?

- Yes, to email (if different from above): _____
- No
- Already receive

Send application and membership fee to: Veal Farmers of Ontario, 449 Laird Rd, Unit 12, Guelph, ON N1G 4W1.
 Make cheque for membership fee payable to Veal Farmers of Ontario.
 We accept e-Transfers, please forward to accounting@vealfarmers.ca.
Please do not send cash in the mail and DO NOT staple cheque to form.

Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> e-Transfer	For Office Use	Paid in conjunction with:	Date Membership Received:
Cheque # / e-Transfer confirmation #		Amount Paid:	Date of Membership Expiry: