



# ASSOCIATE MEMBER APPLICATION FORM

New Member

Renewal of Membership

Delete from Mailing List

## Member Information

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

## 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 the Veal Farmers of Ontario.  
**Please do not send cash in the mail and DO NOT staple cheque to form.**

<b>Method of Payment</b> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		<b>For Office Use</b>	Paid in conjunction with:	Date Membership Received:
VISA / MasterCard / Cheque #	Security # (3 digits)		Amount Paid:	Date of Membership Expiry:
Name of card holder (as printed on card)	Expiry Date			