

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** (Circle one).

Would you like to receive event reminders by **phone** or **text** (Circle 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 (Circle One) **One Year** **Three Year** **Five Year**

Areas or topics that you would like more information on: _____

_____ Date: _____

(signature)

Membership Fees: \$50/1 Year Membership (Mar 31, 2024 expiry)
\$140/3 Year Membership (Mar 31, 2026 expiry)
\$225/5 Year Membership (Mar 31, 2028 expiry)

Return this form with your payment to:

PCBFA
Box 3000
Fairview, AB, T0H 1L0