



MEMBERSHIP APPLICATION

Name of organization/individual: _____

Address: _____ Postal Code: _____

Contact: _____ Title: _____

Telephone: _____ Email: _____

We wish to apply for the following level of membership:

___ Principal (\$20,000+) plus GST = \$21,000

___ Partner (\$10,000) plus GST = \$10,500

___ Supporter (\$5,000) plus GST = \$5,250

___ Affiliate (\$1,000) plus GST = \$1,050

I/We agree to support the Vision and Mission of Farm & Food Care Saskatchewan:

Vision

Connecting consumers to food and farming.

Mission

To support farmers and food partners working together to build consumer trust and public confidence in Saskatchewan food production.

As a member of Farm & Food Care Saskatchewan, we agree to be a positive champion of FFC SK and promote the organization and our mission whenever possible.

Name of Signatory: _____

Signature: _____ Date: _____

Please forward membership form to:

FARM & FOOD CARE SASKATCHEWAN
BAY 6A – 3602 TAYLOR STREET EAST
SASKATOON SK S7H 5H9

Membership may be denied or revoked by the Board of Directors if the applicant does not support the objectives and activities of FFC SK.



ORGANIZATION DELEGATE FORM

Name of organization:

Membership level: <i>(please select)</i>	PRINCIPAL \$20,000+GST	PARTNER \$10,000+GST	SUPPORTER \$5,000+GST	AFFILIATE \$1,000+GST
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Contact information (for invoices, notices, newsletters, etc.):

Name:	
Address:	Postal Code:
Telephone:	Email:

Our VOTING DELEGATE to Farm & Food Care Saskatchewan *(if different than above)* is:

Name:	
Address:	Postal Code:
Telephone:	Email:

We confirm that our FFC SK voting delegate is a current member of our organization's Board of Directors. We agree that our delegate's expenses while attending FFC SK functions will be covered by our organization.

Signature of delegate: _____

Signature of Chair/Executive Member: _____

Date: _____

Please mail, fax or email to:

Farm & Food Care Saskatchewan
 Bay 6A – 3602 Taylor Street East | Saskatoon SK S7H 5H9
 Fax: 306.244.4497 | email: office@farmfoodcaresk.org