



member

2018 APPLICATION FORM

CANADIAN PRODUCE MARKETING ASSOCIATION

Mission Statement

To enhance the market and facilitate the trade of fresh fruits and vegetables for members.

MEMBERSHIP CLASS SUB-CATEGORIES

Regular Member: \$1,290.00 (+ applicable taxes)

- For all businesses involved in the produce supply chain including, but not limited to, growers/shippers, packers, marketers, importers, exporters, customs brokers, retailers, foodservice distributors, transporters, packaging operations, communication and printing companies.

Branch Member: \$705.00 (+ applicable taxes)

- For branch offices of Regular Members, where the company’s address and contact is based at a different location than the head office. The company’s legal trading name and activities must be the same as the Regular Member.

Membership is valid for one year from the date dues are received by CPMA. Dues are non-refundable. Please visit www.cpma.ca for more information on CPMA’s member programs and benefits.

Note: If your business uses a different trading name for a subsidiary, division etc. other than that of the registered regular member of CPMA, the subsidiary, division, etc. requires their own membership.

Prices are in effect from Nov. 1, 2017 to Oct. 31, 2018. Future fees subject to change as of Nov. 1, 2018. Membership renewal is on an anniversary date billing system.

CONNECT



ADVOCATE



GROW



CPMA Membership Application Form for Companies based in Canada

Company Name: _____

Company Address: _____

City: _____ Province: _____ Postal Code: _____

Company Telephone: _____ Company Fax: _____

Website: _____

Social Media Accounts (twitter, facebook, instagram, youtube) _____

The following will appear in the CPMA Membership Directory and other member information listings

Contact Name: _____ Title: _____

Contact Telephone: _____ Ext: _____ Contact Email: _____

Please indicate your preferred language of communication: English French

From the list, what do you consider your PRIMARY business type based on your primary source of revenue (please select only one):

- grower/packer/shipper produce broker trade association importer foodservice operator wholesaler exporter
 government organization transportation foodservice distributor retailer customs broker marketing organization
 processor floral allied industry: _____

From the same list, what do you consider your SECONDARY business type (please select only one):

- None grower/packer/shipper produce broker trade association importer foodservice operator wholesaler
 exporter government organization transportation foodservice distributor retailer customs broker marketing
organization processor floral allied industry: _____

Please indicate five principal commodities handled within your operation (e.g. apples, carrots, kiwis, mushrooms, potatoes etc.).

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Date of Application: _____ Recommended by: _____

MEMBERSHIP CLASS SUB-CATEGORIES AND FEES

Please select one of the following tax rates based on your residence & membership sub-category:

Sub-category	Rate	Residents of AB, BC, SK, MB, QC, YK, NT, NU add 5% GST	Residents of ON add 13% HST	Residents of NS, NB, NL, PE add 15% HST	TOTAL	
<input type="checkbox"/> Regular Member	\$1,290.00	+	\$64.50	\$167.70	\$193.50	\$ _____
<input type="checkbox"/> Branch Member	\$705.00	+	\$35.25	\$91.65	\$105.75	\$ _____

As a member of the Canadian Produce Marketing Association, I agree to abide by Canadian Produce Marketing Association's by-laws, operating rules and procedures. These documents can be found on CPMA's website at www.cpma.ca. Copies may be requested at the address below.

Signature: _____

PRIVACY

CPMA values the privacy of its members. All information collected is done so in accordance with our Privacy Policy. For further information please visit our website at www.cpma.ca.

METHOD OF PAYMENT

GST/HST # 106846587 RT001 Application cannot be processed without payment.

- Cheque VISA AMEX MasterCard

Credit Card No.: _____ Expiry Date: _____

CVV No.: _____ Cardholder's Name: _____

(3-4 Digit Code on back of card)

(Please Print)

Cardholder's Signature: _____

PLEASE SEND
COMPLETED FORM TO

Lyse McClelland

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