



2019 Membership 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: \$1,320.00 (+ 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: \$720.00 (+ 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, 2018 to Oct. 31, 2019. Future fees subject to change as of Nov. 1, 2019. Membership renewal is on an anniversary date billing system.

Privacy Policy

By completing this form you consent to the use of the personal information provided in accordance with CPMA's Privacy Policy. For more information regarding CPMA's Privacy Policy please visit our website at cpma.ca.

cpma.ca

Follow us on our social media



@CPMA_ACDFL

@halfyourplate



facebook.com/halfyourplate



linkedin.com/company/can-produce-marketing-association



pinterest.ca/halfyourplate



youtube.com/c/HalfYourPlateCAN

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 below, 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: _____

If you have chosen a business type of grower/packer/shipper, importer, exporter, processor or wholesaler please indicate your top 5 commodities (e.g. apples):

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	\$1,320.00	+	\$66.00	\$171.60	\$198.00	\$ _____
<input type="checkbox"/> Branch Member	\$720.00	+	\$36.00	\$93.60	\$108.00	\$ _____

As a member of the Canadian Produce Marketing Association, I agree to abide by the Canadian Produce Marketing Association's by-laws, operating rules and procedures. Copies may be requested at the address below.

Signature: _____

METHOD OF PAYMENT

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

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
Manager, Membership Development
Canadian Produce Marketing Association
162 Cleopatra Dr., Ottawa, ON, K2G 5X2
Canada
Tel: (+1) 613-226-4187 ext. 232
Cell: (+1) 613-878-1334
Fax: (+1) 613-226-2984
lmcclelland@cpma.ca