

Associate Membership

Name (Individual, Organization, Company or Department):

Address: _____

Email: _____ Tel. No.: _____

The contact information provided here will be used for all official Canadian Sheep Federation correspondence.

We (I) hereby apply for membership and do hereby agree to conform to the Canadian Sheep Federation Constitution, By-Laws and Ethics Policy, and pay a membership fee of \$100.00 (prorated to the CSF Fiscal Year). A signed copy of the Canadian Sheep Federation Ethics Policy is attached.

Signature of Authorized Representative

Date

MEMBERSHIP IS FOR THE CANADIAN SHEEP FEDERATION FISCAL YEAR (September 1 through August 31) AND IS DUE SEPTEMBER 1ST EACH YEAR. Applications for membership will be pro-rated.