



2017 Membership Application

Member Information		
Check one:	<input type="checkbox"/> Producer/Individual	<input type="checkbox"/> Market/Group
Name(s):		
Farm Name <i>(if applicable)</i>		
Primary Contact <i>(grouped members)</i>		
Mailing Address:		
Phone:		
Email:		
Website:		
<i>Producer/Individual only:</i> List and describe the products that you direct market:		
<i>Market/Groups only:</i> Type of organization/group: Eg.- Cooperative, Business, Non-Profit		
Payment: \$50.00	_____ Cash	_____ Cheque

I, the undersigned, hereby apply for membership in Direct Farm Marketing Association of Manitoba Co-op Inc. (Direct Farm Manitoba)

I understand that I will be advised on my application and officially become a member only after the DFM Board approves of this membership application.

Upon becoming a member, I agree to read, be familiar with and be bound by the Articles of Incorporation, By-laws and Policies of the DFM Co-op.

Signed: _____ Dated: _____

Please address cheques to: "Direct Farm Manitoba" or "Direct Farm Marketing Association of Manitoba Co-op"

Send your membership Application to:

"Direct Farm Manitoba" 270 Cathedral Ave. Winnipeg, MB R2W 0X5