



## Direct Farm Manitoba Membership Application

Member Information		
<b>Check one:</b>	<input type="checkbox"/> Producer/Individual	<input type="checkbox"/> Market/Group
<b>Name(s):</b>		
<b>Farm Name</b> <i>(if applicable)</i>		
<b>Primary Contact</b> <i>(grouped members)</i>		
<b>Mailing Address:</b>		
<b>Phone:</b>		
<b>Email:</b>		
<b>Website:</b>		
<i>Producer/Individual only:</i> <b>List and describe the products that you direct market:</b>		
<i>Market/Groups only:</i> <b>Type of organization/group:</b> Eg.-Cooperative, Business, Non-Profit		
<b>Payment: \$50.00</b>	_____ 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" PO Box 3641. Winnipeg, MB R2W 3R4