

Associate

Membership Fees 2024

Company Name: ____

Associate membership is open to:

Individual, partnership, corporation, firm, association or other business entity closely allied with the animal feed industry and/or supplying a service or product to the animal feed industry, and without limitation shall include the following:

division.

- Industry Support Services (including Consultants)
- Industry Supplies (such as Bags, Machinery)
- Industry Associations

Identify your company's sales volume (including internal sales) and then write the corresponding National Membership Fee below.

| \$ Sales | |
|-----------------|---------|
| < \$ 15M | \$1,400 |
| \$15M - < \$25M | \$3,000 |
| \$25M or more | \$4000 |

In order to join ANAC, your organization must be a member of at least one

Table B—Provincial Fees For each applicable province, identify the fees owing, and write the total of all Provincial Membership fees below.

| Province | Fee Amounts | Fees Owing |
|-----------------------|-------------|------------|
| Atlantic | \$125 | |
| British Columbia | \$225 | |
| Manitoba | \$125 | |
| Western (WFIA) | \$700 | |
| Total Provincial Fees | | |

| National Membership Fee (Determine the correct amount from Ta | ble A) | |
|--|--------------|--|
| Provincial Membership Fees - (Determination amount from Table B) - Note: Ontario & | | |
| | GST/HST | |
| | Amount Owing | |

Signature: _____ Print name: _____

Date:

Animal Nutrition Association of Canada



Membership Application

| Company: | |
|---|------|
| Address: | |
| Telephone: | Fax: |
| Email: | |
| Website: | |
| Major products: | |
| Official delegate: | |
| Alternate delegate: | |
| Name of sponsoring ANAC member: | |
| Membership Classification | |
| Regular Members—Type A | |
| Regular Members—Type B | |
| Regular Members — Type C | |
| Associate Members | |
| ○ Industry Support Services including consultants | |
| O Industry Supplies | |
| O Industry Associations | |
| We Wish to be Members of the Following Divisions | |
| □ Atlantic | |
| British Columbia | |
| 🖵 Manitoba | |
| Ontario | |
| 🖵 Québec | |
| Western Feed Industry Association | |

In order to join ANAC, your organization must be a member of at least one division.

For each division in which your organization is a member, please appoint a delegate. The information will be included in ANAC's online Directory of Members.

| Atlantic | | |
|---|------------------------|--|
| Division Delegate Name: | | |
| Job Title: | | |
| Address: | | |
| Telephone: | Fax: | |
| Cell: | Email: | |
| British Columbia | | |
| Division Delegate Name: | | |
| Job Title: | | |
| Address: | | |
| Telephone: | Fax: | |
| Cell: | Email: | |
| Manitoba | | |
| Division Delegate Name: | | |
| Job Title: | | |
| Address: | | |
| Telephone: | Fax: | |
| Cell: | Email: | |
| | - | |
| Ontario | - | |
| Ontario Division Delegate Name: | | |
| | | |
| Division Delegate Name: | | |
| Division Delegate Name: Job Title: | Fax: | |
| Division Delegate Name: Job Title: Address: | | |
| Division Delegate Name: Job Title: Address: Telephone: | Fax: | |
| Division Delegate Name: Job Title: Address: Telephone: Cell: | Fax: | |
| Division Delegate Name: Job Title: Address: Telephone: Cell: Québec | Fax: | |
| Division Delegate Name: Job Title: Address: Telephone: Cell: Québec Division Delegate Name: | Fax: | |
| Division Delegate Name: Job Title: Address: Telephone: Cell: Québec Division Delegate Name: Job Title: | Fax: | |
| Division Delegate Name: Job Title: Address: Telephone: Cell: Québec Division Delegate Name: Job Title: Address: | Fax: Email: | |
| Division Delegate Name: Job Title: Address: Telephone: Cell: Québec Division Delegate Name: Job Title: Address: Telephone: | Fax: Email: Fax: | |
| Division Delegate Name: Job Title: Address: Telephone: Cell: Québec Division Delegate Name: Job Title: Address: Telephone: Cell: | Fax: Email: Fax: | |
| Division Delegate Name: Job Title: Address: Telephone: Cell: Québec Division Delegate Name: Job Title: Address: Telephone: Cell: Western Feed Industry Association | Fax: Email: Fax: | |
| Division Delegate Name:Job Title:Address:Telephone:Cell:QuébecDivision Delegate Name:Job Title:Address:Telephone:Cell:Western Feed Industry AssociationDivision Delegate Name: | Fax: Email: Fax: | |
| Division Delegate Name:Job Title:Address:Telephone:Cell:QuébecDivision Delegate Name:Job Title:Address:Telephone:Cell:Western Feed Industry AssociationDivision Delegate Name:Job Title: | Fax: Email: Fax: | |

