

Associate Membership Fees 2023

□ Industry Supplies (such as Bags, Machinery)	Company Name:				
animal feed industry and/or supplying a service or product to the animal feed industry, and without limitation shall include the following: Industry Support Services (including Consultants) Industry Supplies (such as Bags, Machinery) Industry Associations Table A—National Fees Identify your company's sales volume (including internal sales) and then write the corresponding National Membership Fee below. S Sales < \$ 15M	Associate membersh	nip is open to:			
Industry Supplies (such as Bags, Machinery) Industry Associations Table A—National Fees 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 National Membership Fee (Determine the correct amount from Table A) Provincial Membership Fee (Determine the correct amount from Table B) - Note: Ontario & Quebec excluded GST/HST Amount Owing 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 Outpermine the correct amount from Table A) Provincial Membership Fee (Determine the correct amount from Table B) - Note: Ontario & Quebec excluded GST/HST Amount Owing	animal feed industry	and/or supplying			
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 National Membership Fee (Determine the correct amount from Table B) - Note: Ontario & Quebec excluded Oscillation Oscillation	Industry Supplies	s (such as Bags, Ma		_ _ _	
\$ Sales < \$ 15M \$1,400 \$15M - < \$25M \$3,000 \$25M or more \$4000 Sales	Identify your compa volume (including in and then write the c	ny's sales iternal sales) corresponding	For each applicable p	rovince, identify th	-
\$15M - < \$25M \$3,000 \$25M or more \$4000 Substituting the correct amount from Table A) Provincial Membership Fee (Determine the correct amount from Table B) - Note: Ontario & Quebec excluded GST/HST Amount Owing Atlantic \$125 British Columbia \$225 Manitoba \$125 Western (WFIA) \$700 Total Provincial Fees Gestry HST Amount Owing Print name:	\$ Sales		Province	Fee Amounts	Fees Owing
\$25M or more \$4000 Manitoba \$125 Western (WFIA) \$700 Total Provincial Fees National Membership Fee (Determine the correct amount from Table A) Provincial Membership Fees - (Determine the correct amount from Table B) - Note: Ontario & Quebec excluded GST/HST Amount Owing Print name:	< \$ 15M	\$1,400	Atlantic	\$125	
\$25M or more \$4000 Western (WFIA) \$700 Total Provincial Fees National Membership Fee (Determine the correct amount from Table A) Provincial Membership Fees - (Determine the correct amount from Table B) - Note: Ontario & Quebec excluded GST/HST Amount Owing Print name:	\$15M - < \$25M	\$3,000		-	
(Determine the correct amount from Table A) Provincial Membership Fees - (Determine the correct amount from Table B) - Note: Ontario & Quebec excluded GST/HST Amount Owing Print name:	\$25M or more	\$4000	Western (WFIA)	-	
(Determine the correct amount from Table A) Provincial Membership Fees - (Determine the correct amount from Table B) - Note: Ontario & Quebec excluded GST/HST Amount Owing Print name:					
amount from Table B) - Note: Ontario & Quebec excluded GST/HST Amount Owing ignature: Print name:		•	ble A)		
Amount Owing ignature: Print name:		•			
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	ignature:		Print	name:	
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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	
O 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 a	t 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:
Ceii.	EIIIdii.
Ontario	Ellidii.
	Ellidii.
Ontario	Ellidii.
Ontario Division Delegate Name:	Ellidii.
Ontario Division Delegate Name: Job Title:	Fax:
Ontario Division Delegate Name: Job Title: Address:	
Ontario Division Delegate Name: Job Title: Address: Telephone:	Fax:
Ontario Division Delegate Name: Job Title: Address: Telephone: Cell:	Fax:
Ontario Division Delegate Name: Job Title: Address: Telephone: Cell: Québec	Fax:
Ontario Division Delegate Name: Job Title: Address: Telephone: Cell: Québec Division Delegate Name:	Fax:
Ontario Division Delegate Name: Job Title: Address: Telephone: Cell: Québec Division Delegate Name: Job Title:	Fax:
Ontario Division Delegate Name: Job Title: Address: Telephone: Cell: Québec Division Delegate Name: Job Title: Address:	Fax: Email:
Ontario Division Delegate Name: Job Title: Address: Telephone: Cell: Québec Division Delegate Name: Job Title: Address: Telephone:	Fax: Email: Fax:
Ontario Division Delegate Name: Job Title: Address: Telephone: Cell: Québec Division Delegate Name: Job Title: Address: Telephone: Cell:	Fax: Email: Fax:
Ontario Division Delegate Name: Job Title: Address: Telephone: Cell: Québec Division Delegate Name: Job Title: Address: Telephone: Cell: Western Feed Industry Association	Fax: Email: Fax:
Ontario Division Delegate Name: Job Title: Address: Telephone: Cell: Québec Division Delegate Name: Job Title: Address: Telephone: Cell: Western Feed Industry Association Division Delegate Name:	Fax: Email: Fax:
Ontario Division Delegate Name: Job Title: Address: Telephone: Cell: Québec Division Delegate Name: Job Title: Address: Telephone: Cell: Western Feed Industry Association Division Delegate Name: Job Title:	Fax: Email: Fax:

