

Regular -Type A Membership Fees 2024

Company Name: _____

Regular Type A Membership is open to:

Commercial manufacturer/seller/distributor/agent of commercial feed including premixes, supplements and complete feeds.

What type of feed do you manufacture/distribute? (Choose all that apply.)

Premixes _____ Supplements _____

Complete Feeds _____ Other _____

Table A—National Fees

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

\$ Sales	
< \$ 10M	\$2,000
\$10M - < \$25M	\$4,000
\$25M - < \$50M	\$7,500
\$50M - < \$75M	\$12,000
\$75M - < \$100M	\$18,000
\$100M - < \$200M	\$25,000
\$200M - < \$300M	\$30,000
\$300M - < \$400M	\$35,000
\$400M or more	\$40,000

Table B—Provincial Fees

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

Province	Categories Sales	Fee Amounts	Fees Owing
Atlantic		\$135	
British Columbia	<\$10M	\$275	
	\$10M - < 35M	\$350	
	>35M	\$450	
Manitoba	1 Site	\$150	
	2 Sites	\$200	
	3 Sites or more	\$250	
Western		\$700	
		Total 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	

Please provide:

2023 sales revenue: _____ 2023 Manufactured volume/tonnage: _____

Signature: _____ Print name: _____

Date: _____

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
 - ☐ Industry Supplies
 - ☐ 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	
Division Delegate Name:	
Job Title:	
Address:	
Telephone:	Fax:
Cell:	Email:
Québec	
Division Delegate Name:	
Job Title:	
Address:	
Telephone:	Fax:
Cell:	Email:
Western Feed Industry Association	
Division Delegate Name:	
Job Title:	
Address:	
Telephone:	Fax:
Cell:	Email:

