

## Regular -Type C Membership Fees 2023

Company Name:						
Regular Type C Men	nbership i	s open to	:			
products, vitamins, tingredients and anir	trace mine nal-based	rals, flavo ingredien	outor/agent of feed ingre ours, enzymes, amino ac its that do not have dire ada through a distributo	ids, micro-ingredict sales and assets	ents, major minerals, s in Canada. <i>If produc</i>	plant-based ts from a
What type of ingre	dient do y	ou manı	ufacture /distribute? ((	Choose all that ap	pply.)	
Amino Acids		<u> </u>	Flavours		Plant Based Ingred	lients
/itamins		Macro Minerals		Animal Based Ingredients		
Enzymes		Trace Minerals		Pharmaceutical Products		
Mycotoxin Binders		Microbial Products		Other		
Table A—National Fees Identify your company's sales volume (including internal sales) and then write the corresponding National Membership Fee below.		e iding			fy the fees owing, and ees below. Fee Amounts	d write the Fees Owing
\$ Sales	Fees		Atlantic		\$135	
4.00.			British Columbia	<\$10M	\$275	
< \$ 10M	\$1,750			\$10M - < 35M	\$350	
				>35M	\$450	
\$10M - < \$25M	\$3,750		Manitoba	1 Site	\$150	
				2 Sites	\$200	
> \$25M or more	¢0 275			3 Sites or more	\$250	
> \$25IVI 01 III01E	> \$25M or more \$9,375		Western		\$700	
					Total Fee	S
National Member	ship Fee -	(Determir	ne the correct amount fro	om Table A)		
Provincial Member Note: Ontario & Q	•	•	nine the correct amount	from Table B) -		
		GST/HS	Т			
Amour		Amoun	t Owing			
Please provide:						
2022 sales revenue			2022	Manufactured vo	lume/tonnage	
Signature			Print r	name		
Date:						
300 rue Sparks Street,	Suite 330, C	ottawa, ON	K1R 7S3 <b>☎</b> 613.241.642	21 613.241.7970	info@anacan.org / www.	anacan.org



## 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:

