



**CALGARY PRODUCE MARKETING ASSOCIATION**

**Membership Form**

Thank you for choosing to become a member of the Calgary PMA. Please fill out the following form if you would like to become a member or would simply like to renew your membership.

You may mail the completed form and cheque to: P.O Box 76154, RPO Millrise Calgary, Alberta T2Y 2Z9  
Or you may fax it to: 403 201 4131. If you have any questions you can email Sonia at: [sonia@omegabusiness.ca](mailto:sonia@omegabusiness.ca)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Business Type: \_\_\_\_\_

Are you a first time member (Please indicate)? Yes \_\_\_\_\_ No \_\_\_\_\_

Membership Renewal (Please indicate): Yes \_\_\_\_\_ No \_\_\_\_\_

If first time member, how did you hear about us? \_\_\_\_\_

Method of Payment:

Visa:

MasterCard:

Cheque:

Credit Card Payment:

Card Number	Expiry Date
Cardholder's Name	Signature

*Membership agreement*

*The total cost of membership is \$300 for one year. Members will be notified of all events hosted by the Calgary PMA occurring during the course of the membership. Newsletters and other notifications will be sent out to the contact information as indicated on this form. If for any reason any of this information changes please notify of changes promptly. Members will also be included in our membership directory upon receiving payment of membership.*

I acknowledge the following agreement and I agree to the above terms and conditions.

Signature

Date

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