



## MEMBERSHIP APPLICATION

Organization/Individual: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

We wish to apply for the following level of membership:

Principal (\$20,000+) plus GST = \$21,000

Partner (\$10,000) plus GST = \$10,500

Supporter (\$5,000) plus GST = \$5,250

Affiliate (\$1,000) plus GST = \$1,050

Friend (\$500) plus GST = \$525

☐ We agree to support the Vision and Mission of Farm & Food Care Saskatchewan:

### **Vision**

Connecting consumers to food and farming.

### **Mission Statement**

To support farmers and food partners working together to build consumer trust and public confidence in Saskatchewan food production.

**As a member of Farm & Food Care Saskatchewan, we agree to be a positive champion of FFC SK and promote the organization and our mission whenever possible.**

Name of Signatory: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward membership form and delegate form, along with your cheque, payable to:

Farm & Food Care Saskatchewan  
Site 412, Box 277 RR #4 Station Main  
Saskatoon SK S7K 3J7  
email: [office@farmfoodcaresk.org](mailto:office@farmfoodcaresk.org)

*Membership may be denied or revoked by the Board of Directors if the applicant does not support the objectives and activities of FFC SK.*

Friend Members are not eligible to vote



## ORGANIZATION DELEGATE FORM

Name of organization:

Our **VOTING DELEGATE** to Farm & Food Care Saskatchewan is:

Name:

Address:

Postal

Code:

Telephone:

Email:

*We confirm that our FFC SK voting delegate is a current member or delegate of our organization's Board of Directors. We agree that our delegate's expenses while attending FFC SK functions will be covered by our organization.*

**COMMUNICATIONS** Contact information (for notices, newsletters, etc.) *(if different than above):*

Name:

Address:

Postal

Code:

Telephone:

Email:

**FINANCIAL** Contact information (invoices, etc.) *(if different than above):*

Name:

Address:

Postal

Code:

Telephone:

Email:

Signature of VOTING delegate: \_\_\_\_\_

Signature of Chair/Executive Member: \_\_\_\_\_

Date: \_\_\_\_\_