



**CSCA MEMBERSHIP APPLICATION**

Please print the following application and send along with payment to:  
**Canadian Special Crops Association**  
 1212 - 220 Portage Avenue  
 Winnipeg, MB, R3C 0A5  
 Tel: (204) 925-3780  
 Fax: (204) 925-4454  
 E-mail: [office@specialcrops.mb.ca](mailto:office@specialcrops.mb.ca)

CSCA offers 5 types of memberships: Direct, Processor, Associate, Affiliate and International. Only Direct membership category provides voting privileges. For detailed description of each category, please visit our web site at [www.specialcrops.mb.ca](http://www.specialcrops.mb.ca) or contact our office.

This application is hereby made for registration of:

		Membership fee	Targeted Project Contributions
	<b>Voting Category- Direct Members</b>		
<input type="checkbox"/>	Direct Member – <i>Gold</i>	\$1,500/year	Minimum of \$3,500/year
<input type="checkbox"/>	Direct Member – <i>Regular</i>	\$1,500/year	\$100-\$3,499/year (optional)
<input type="checkbox"/>	Direct Member – <i>Broker</i>	\$1,000/year	From \$100/year (optional)
	<b>Non-Voting Categories</b>		
<input type="checkbox"/>	Processor – toll processor	\$1,000/year	From \$100/year (optional)
<input type="checkbox"/>	Processor – Food Manufacturer- <i>Gold</i>	\$1,000/year	Minimum of \$3,500/year
<input type="checkbox"/>	Processor – Food manufacturer	\$1,000/year	From \$100/year (optional)
<input type="checkbox"/>	International and US Member	\$1,000/year	From \$100/year (optional)
<input type="checkbox"/>	Associate Member	\$1,000/year	From \$100/year (optional)
<input type="checkbox"/>	Affiliate Member	\$200/year	From \$100/year (optional)
<b>All fees are in Canadian funds, subject to 5% GST</b>			

Under the By-laws of the Canadian Special Crops Association Inc. (the "CSCA") and the following statements of fact are made in respect thereof:

I - Particulars of Applicant

a) If an individual:

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Do you wish you website to be linked from ours?

Yes

No

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b) If a corporation

Full Business Name: \_\_\_\_\_

Incorporated under the laws of: \_\_\_\_\_

on \_\_\_\_\_, 19 \_\_\_\_\_

Names and addresses of Principal Officers:

President: \_\_\_\_\_

Vice-President: \_\_\_\_\_

Head Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

The corporation is:

Independently owned

A wholly-owned subsidiary of \_\_\_\_\_  
and effective control of the corporation is exercised by \_\_\_\_\_

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**c) If a partnership**

Firm Name: \_\_\_\_\_

Firm consists of the following partners: \_\_\_\_\_

Firm commenced business on the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

under the laws of \_\_\_\_\_

Head Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Do you wish you website to be linked from ours?

Yes

No

**II - Designated representative to CSCA**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PRIVACY POLICY** Effective Jan. 1, 2004, all organizations that collect, use or disclose personal information about their customers and/or employees in the course of their commercial activities are subject to Privacy Legislation. The CSCA is committed to protecting personal information provided by all members. By submitting this application, you are providing us with consent to use the information to better understand your interest in our products and services, and inform you about those that may interest you, among other purposes.

When you submit this application, your contact information is used primarily to fulfill to communicate with you about the CSCA services and activities. Your contact information may also be used to notify you of our events in the future. You may opt out of these mailings at any time by contacting our office. Your name, email address and mailing address will also appear on CSCA web site, Trade manual and membership lists. Your personal information is never released directly to the third parties.

If you do not wish your contact information to be posted on our web site, please check the following box:  
 Please do not include my address, phone & fax numbers, e-mail address on CSCA web site.

### III - References

CSCA Member: \_\_\_\_\_

CSCA Member: \_\_\_\_\_

Banker: \_\_\_\_\_

Other: \_\_\_\_\_

Please note that all companies, applying for CSCA Direct Membership (Gold, Regular or Broker) have to submit TWO WRITTEN REFERENCE LETTERS from CSCA direct members in support of their application.

### IV - Undertakings of Applicant

We hereby declare that:

a) \_\_\_\_\_ the person named herein as our designated representative and whose signature appears below, is duly authorized to represent us as a member of the CSCA and to exercise any voting privileges (if applicable) attached to our membership classification at meetings of the members of the CSCA, and his/her authority shall continue until such time as you shall receive and acknowledge receipt of notice of our revocation of such authority.

**Signature of Designated Representative:** \_\_\_\_\_

b) We have read and fully understand the CSCA Code of Conduct and agree to abide by all expectations and conduct regulations.

**Signature of Designated Representative:** \_\_\_\_\_

b) The statements of fact made in this application are true in substance and in fact.

**Signature of Designated Representative:** \_\_\_\_\_

**V – Company Information**

a) Please provide detailed description of your company operations:

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b) Please provide reasons why you want to join the CSCA?

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(Please use additional sheet(s) of paper, if necessary)

**VI - Membership Roster Information**

COMPANY:

Please indicate which categories describe your business:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Pulse/Special Crops Processor | <input type="checkbox"/> Exporter          | <input type="checkbox"/> Toll Processor      | <input type="checkbox"/> Importer                       |
| <input type="checkbox"/> Broker                        | <input type="checkbox"/> Food Manufacturer | <input type="checkbox"/> Railway             | <input type="checkbox"/> Steamship line                 |
| <input type="checkbox"/> Freight Forwarder             | <input type="checkbox"/> Stuffing Facility | <input type="checkbox"/> Port                | <input type="checkbox"/> Industry Association           |
| <input type="checkbox"/> Consulting Company            | <input type="checkbox"/> Service Provider  | <input type="checkbox"/> Inspection Services | <input type="checkbox"/> Other (please provide details) |

If you are applying for CSCA Direct Membership or Processor Category, please also submit the attached "Company Profile Form".

**Designated Representative** \_\_\_\_\_

**Signing Officers of Applicant** \_\_\_\_\_

Dated at \_\_\_\_\_, this day of \_\_\_\_\_, 20\_\_\_\_\_