



MEMBERSHIP APPLICATION FORM

PLEASE FILL OUT THE FOLLOWING INFORMATION AND RETURN TO THE CAAR OFFICE.

THERE ARE THREE SIMPLE WAYS: 1. EMAIL TO INFO@CAAR.ORG,
2. FAX TO (204) 989-9306,
3. MAIL TO 628-70 ARTHUR STREET, WINNIPEG, MB R3B 1G7

BUSINESS INFORMATION:

Company _____ Voting Member's Name _____

Mailing Address _____

City/Town _____ Prov/State _____ PC/Zip _____

Phone (_____) _____ Fax (_____) _____ Cell (_____) _____

E-mail Address _____ Yes, I consent to receiving emails regarding CAAR related events, membership, programs and services, as well as industry news.

1. How many locations do you operate? _____ How many employees at your location? F/T _____ P/T _____

2. How many employees are involved in the Certified Crop Advisor training program? _____

3. Does your location sell: Ammonia? Agronomy Services? Custom Application Services?

4. Your location's approximate gross sales volume (all services)?

- \$499,999 or less \$500,000 – \$999,999 \$1million – \$1,499,999
 \$1.5 million – \$2,499,999 \$2.5 million – \$4,999,999 \$5 million or greater

5. What is the top issue you would like to see CAAR focus on in the coming year? _____

MEMBERSHIP CATEGORY: (PLEASE CHECK THE MEMBERSHIP LEVEL IN THE CATEGORY THAT BEST FITS YOUR BUSINESS)

CATEGORY	LEVEL	FEE (CDN Funds, plus applicable taxes)
Retailer – Primary business is selling products and services direct to farmers	<input type="checkbox"/> Primary Member First or only CAAR Member Location OR	\$585
	<input type="checkbox"/> Branch Member Additional locations of a Primary CAAR Member	\$335 Affiliated with:
Supplier – Primary business is selling products and services to agri-retailers		
<input type="checkbox"/> Equipment – e.g. seeders, combines, tanks, scales		\$1395
<input type="checkbox"/> Crop Inputs – e.g. seed, fertilizer, crop protection chemicals		\$1395
<input type="checkbox"/> Business Services – e.g. banking, insurance, lab services, graphic/web design		\$1395
Media – Agriculture industry publishers only		\$585
Education – University, college or training		Complimentary
Consultant – primary business is selling products and services to farmers	<input type="checkbox"/> Individual OR	\$100
	<input type="checkbox"/> Affiliated to Primary Retailer	\$100 Affiliated with:

PAYMENT INFORMATION:

Cheque Credit Card: Visa Mastercard American Express
(made payable to Canadian Association of Agri-Retailers)

Sub-Total \$ _____

Card #: _____ Exp. Date: _____ CWV#: _____

+ GST/HST \$ _____

Cardholder's Name _____

Total Fee \$ _____

Signature _____