KEYSTONE AGRICULTURAL PRODUCERS

ASSOCIATE MEMBERSHIP APPLICATION

Application Date: _____

Organization Name: _____

Organization Type: _____

Contact Name: _____

Mailing Address: _____

_____

Phone Number: _____

Email Address: _____

Please briefly share how your organization meets the eligibility requirements: _____

_____

_____

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_____

Applicant Name _____ Applicant Signature _____

RETURN TO

membership@kap.ca

601-386 Broadway | Winnipeg, MB, R3C 3R6