KEYSTONE AGRICULTURAL PRODUCERS

2027 REQUEST FOR REFUND

(November 1, 2026 – October 31, 2027)

Producer/Corporate Name: _____

Address: _____

_____

Phone Number: _____

Email Address: _____

KAP ID Number: _____

Reason for requesting refund of KAP check-off:

_____

_____

I,_____, on behalf of _____

hereby request a refund pursuant to section 29 of C.C.S.M. c. A18 *The Agricultural Producers' Organization Funding Act* (the "*Act*") of any funds collected and remitted to Keystone Agricultural Producers Inc. ("KAP") by a Designated Purchaser pursuant to section 27 of the *Act.*

In making this request, I understand, acknowledge and accept that the requested refund will be made at the time(s) set out in M.R. 179/2000 the Agricultural Producers' Organization Funding (Agency) Regulation (the "*Regulation*") to the *Act* and no sooner.

By making this request, I hereby relinquish any and all rights and privileges associated with KAP membership, including but not limited to: the right to speak or make motions at KAP meetings or events; access to the KAP office, staff and resources; participation in programs or services provided by KAP exclusive to its members; access to communications, materials and information provided by KAP; and all other benefits and support associated with KAP membership.

In executing this document, I affirm that I am an individual authorized to sign on behalf of the above stated corporation if applicable.

I recognize and acknowledge that requests for refunds are required annually pursuant to section 29 of the *Act* and absent said request KAP will not provide a refund.

Print Name_____Signature_____ Date _____

RETURN TO

membership@kap.ca
601-386 Broadway | Winnipeg, MB, R3C 3R6