



Association Membership Form

9 Corvus Court, Ottawa, ON, Canada K2E 7Z4
Telephone: (613) 232-9459
Fax: (613) 594-5190 Toll Free: 1-888-277-7980
www.aic.ca

Office Use Only:

ID #: _____
Date Receipt Mailed: _____
Deposit Date: _____
Cheque Log #: _____

Association Name _____

Mailing Address _____

City/Town _____

Province/State _____

Country _____

Postal Code/Zip _____

(_____) (_____) (_____) _____
Telephone Fax Email

Designated Contact: (check one)

Title: Mr. Mrs. Ms. Dr. Other (specify) _____ Professional Designation (if any) _____

First Name _____

Last Name _____

Membership categories:

I am joining AIC as an Association Member \$1,000
AIC Membership dues are payable annually, due January 1.

Information request:

- I would like further information on ordering other AIC Journals
 I would like to receive AIC Notes by email

Membership agreement:

I confirm that my Association supports the mission of the AIC to have a positive impact on the agri-food sector.

Authorized Signature _____

Privacy Agreement:

AIC maintains a confidential membership list for the sole purpose of communicating with our members. We do not sell this information, but in keeping with our affinity agreement with BMO Bank of Montreal MasterCard®, your name, address and telephone information is provided to them. By providing your contact information, you are agreeing to receive information from AIC.

We respect your privacy.

- I do not wish to receive information from the BMO Bank of Montreal
 I do not wish to have my contact information listed in the AIC Membership Directory

Payment

Total Enclosed: \$ _____ Please include your payment with your form. Make payment payable to Agricultural Institute of Canada. I have included my payment by: cheque VISA MC

Card Number _____

Expiry Date: Month/Year _____

Name of Cardholder (please print) _____

Signature of Cardholder _____

Office Use Only: