



Western Canada Seafood Merchants & Processors Association

MEMBERSHIP APPLICATION FORM

Company Name _____

Address _____

City _____ Province _____ Postal Code _____

Tel Business _____

Home _____ Mobile _____

Pager _____

Fax Business _____ Home _____

Email _____ Website _____

Contact Person Mr./Ms. _____ Title _____

Year Established _____

Nature of Business Processor Importer/Exporter Distributor

Wholesaler Retailer Others

Live Fresh Frozen

Product Line Smoked Others

Major Products _____

Apply for Voting Member (\$150 per year) Non-Voting Affiliated Member (\$100)
(For all Seafood businesses) (ONLY for non-seafood businesses)

Signature of Applicant _____ Date _____

For Office Use Only

Recommended by Director: _____ Membership No.: _____

You are qualified to be: Voting Member Non-Voting Affiliated Member