

BC HOP GROWERS' ASSOCIATION MEMBERSHIP FORM

Full Name:*

_____ Prefix _____ First Name _____ Last Name

Address:*

_____ Street Address

_____ Street Address (line 2)

_____ City _____ Province/State

_____ Postal/Zip Code _____ Country

Email: * _____

Work Phone:* _____

Cell Phone: _____

Home Phone: _____

Grower Information

Business/Farm Name:* _____

Website: _____ **Twitter:** _____

Method of Farming:* ___ Conventional ___ Certified Organic

Hectares/Acres in Production (currently): _____

Check box if you want your contact information listed on our website

MEMBERSHIP TYPE AND PAYMENT

Completed form and Payment can be sent (by interac email) to bchopga@gmail.com or mailing cheque to
44974 Stratford Place, Chilliwack, BC. V2R2Z2

Full Member (\$75.00 per year): A hop grower based in BC (100 plants or more = full vote)

Affiliate Member (\$75.00 per year): Non grower, interested in supporting the association (Does not have a vote)

Yearly payment: * _____ CAD Membership Payment _____ Total + taxes

The contact information provided above will be used to keep you informed about future BCHGA events. Grower information is used to procure a better understanding of the current status of the hop industry in BC. All personal information on this membership form is protected under the Personal Information Protection and Electronic Documents Act. The BCHGA does not buy or sell personal information. By signing the declaration below: you acknowledge that all of the information provided is current and truthful; agree to the rules and regulations of the BCHGA; and understand that BCHGA officials will contact you on occasion by telephone/email/post with official BCHGA material.

Declaration: I promise to abide by the rules and regulations of the BCHGA, as set out in its constitution (available on the website or by request).

Print Name

Signature

Date _____