



Membership Form

Name/nom _____		
Address/Adresse _____		
City/Ville _____	Prov _____	Postal Code/Postal _____
Email _____		
Telephone/Téléphone _____		
Website (corporate/corporatif) _____		

Lifetime membership requested:

- Individual Membership/Individuel \$50
- Organization Membership/Association \$100
- Corporate Membership/Corporatif \$200

Signature _____

Date _____

Please enclosed a cheque payable to Atlantic Agricultural Hall of Fame and forward to:

Atlantic Agricultural Hall of Fame
PO Box 550
Truro, NS B2N 5E3

For more information contact us at aahf@dal.ca

Corporate Membership only / Seulement membres corporative

Additional contact names / noms supplémentaire:

Name/nom		
<hr/>		
Address/Adresse		
<hr/>		
City/Ville	Prov	Postal Code/Postal
<hr/>	<hr/>	<hr/>
Email		
<hr/>		
Telephone/Téléphone		
<hr/>		

Name/nom		
<hr/>		
Address/Adresse		
<hr/>		
City/Ville	Prov	Postal Code/Postal
<hr/>	<hr/>	<hr/>
Email		
<hr/>		
Telephone/Téléphone		
<hr/>		