



**Membership Application  
Formulaire de demande**

Name/Nom:	
Address/Adresse:	
City/Ville:	
Province:	Postal Code/Postal:
Telephone/Téléphone:	
Email:	
Website (corporate/corporatif):	

Identify the lifetime membership requested:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please enclose a cheque payable to Atlantic Agricultural Hall of Fame and forward to:  
Atlantic Agricultural Hall of Fame  
PO Box 550  
Truro, NS B2N 5E3

Corporate Membership only/Seulement membres corporative:

Additional contact names/noms supplémentaire:

Name/Nom:	
Address/Adresse:	
City/Ville:	
Province:	Postal Code/Postal:
Telephone/téléphone:	
Email:	

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