



Affiliate Membership

Name (Organization, Company or Department): _____

Address: _____

Email: _____ Tel. No.: _____

We (I) hereby apply for membership and do hereby agree to conform to the Canadian Sheep Federation Constitution, By-Laws and Ethics Policy, and pay a membership fee of \$_____. A signed copy of the Canadian Sheep Federation Ethics Policy is attached.

Signature of Authorized Representative

Date

Name of Appointed Director: _____

Director Address: _____

Director Email: _____ Director Tel. No.: _____

Name of Alternate Director: _____

Alternate's Address: _____

Alternate's Email: _____ Alternate's Tel. No.: _____

The contact information provided here will be used for all official Canadian Sheep Federation correspondence.

As Director and Alternate appointed on behalf of _____, I do hereby agree to conform to the Canadian Sheep Federation Constitution, By-Laws and Ethics policy. A signed copy of the Canadian Sheep Federation Ethics Policy is attached with this application.

Director Signature

Date

Alternate's Signature

Date

MEMBERSHIP IS FOR THE CANADIAN SHEEP FEDERATION FISCAL YEAR (September 1 through August 31) AND IS DUE SEPTEMBER 1ST EACH YEAR. Applications for membership will be pro-rated.

Canadian Sheep Federation
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