



Confidential when filled.

2020 ANNUAL MEMBERSHIP FORM

Select one or the other

☐ Member-producer

☐ Member-Associate

(Please print)

Name of business: _____ Year founded: _____

Name(s) of Owner (s): _____ / _____

Business Address : _____

City: _____ Province: _____ Postal Code: _____

Tel.: _____ Cellular: _____ Fax: _____

Email Address (mandatory): _____

(Postal address if different from business address)

Postal Address : _____

City: _____ Province: _____ Postal Code: _____

Mandatory

Number of exploited hectares on Crown Land: _____

Number of exploited hectares on private land: _____

Number of taps: _____

Production of maple syrup ☐ Organic ☐ Regular

Cost of Annual Membership

A - Member-Associate: \$ 100 + HST (15%) = 115 \$

B - Member-Producer:

Base Rate \$ 100

\$ 7.50 multiply by the number of hectares exploited _____ = \$ _____

Sub-Total = \$ _____

+ HST (15%) = \$ _____

Total = \$ _____

What other services or benefits would you like to obtain from the New Brunswick Maple Syrup Association?

Name of requester (please print)

Signature of requester

Date (YYYY/MM/DD) _____

Options to Pay

1. Credit Card:
Fill the form and send to line.erablenbmaple@gmail.com. We will send you an invoice by email and you will be able to pay directly by credit card.
2. By Cheque:
Fill the form and make your cheque to NBMSA. Send to:
NBMSA, 250 Sheriff Street, Grand Falls, N.B., E3Z 3A2