

MEMBERSHIP INFORMATION FORM (FORM-1a)

FOR INDIVIDUALS

Name of Feeder Association: _____

TO: The Board of Directors

A. PERSONAL INFORMATION OF THE MEMBER(s)

1. For individual and joint members only : (use second column for second joint member)

Full Name:		
Birth Date:		
Mailing Address:		
Tel. Number:		
Fax Number:		
E-mail address:		
GST Number:		

2. Bank, Treasury Branch or other financial institutions at which member maintains an account (names, addresses and telephone numbers):

B. APPOINTMENT OF DELEGATE (Only complete this for joint members)

My delegate until further notice will be:

Name of delegate: _____

Address: _____

Telephone No. : _____ Fax No. : _____

Email Address: _____

C. MEMBER'S CERTIFICATE

The undersigned applicant (the "Applicant") represents, warrants and certifies the following information to be true:

1. In this Member's Certificate, the following words have the following meanings:

- (a) "active member", in respect of a partnership or a joint venture, means an individual who is a partner in the partnership or a member of the joint venture and who, on land in Alberta owned or leased by the partners or members, directly carries on the business of farming on behalf of and for the gain or reward of the partners or members;

- (b) "active shareholder", in respect of a corporation, means an individual who is a shareholder of the corporation and who, on land in Alberta owned or leased by the corporation, directly carries on the business of farming on behalf of and for the gain or reward of the corporation, and involvement as an investor, shareholder, partner or member does not, by itself, constitute directly carrying on the business of farming.

2. The complete name of the Applicant is correctly set forth above.

3. The Applicant is not an un-discharged bankrupt.

4. The Applicant is not a member of another feeder association, or has been authorized in writing by the Provincial Supervisor to be a member of more than one feeder association (if the Applicant has been authorized by the Provincial Supervisor to be a member of more than one feeder association, attach a copy of the Provincial Supervisor's written authorization to this form).

5. The Applicant, if an individual, is an individual who is 18 years of age or older and who:

- (a) Owns or leases land in Alberta on which the individual directly carries on the business of farming for gain or reward, or
- (b) Is an active shareholder of a corporation referred to in clause 6 of this Certificate or an active member of a partnership or joint venture referred to in clause 7 of this Certificate.

6. The Applicant, if an individual, wishes to hold the membership with another individual who qualifies for membership and whose name is _____
(if no joint membership is requested, insert "not applicable").

7. The Applicant acknowledges that the Feeder Associations Guarantee Regulations (the "Regulations") require that every person shall, before becoming a member of a feeder association, to disclose in writing to the feeder association:

- (a) Every interest that the person holds in a corporation, partnership or joint venture that holds a membership in that or any other feeder association; and
- (b) Each membership that the person holds, whether solely or jointly, in other feeder associations.

The Applicant makes the following disclosure pursuant to this requirement (if none, insert "not applicable"):

8. The Applicant also acknowledges that the Regulations require that every person shall, before becoming a member of a feeder association, to give written notice of the person's intention to enter into another member agreement to:

- (a) Any feeder associations of which the person is already a feeder member; and
- (b) Any feeder associations of which a corporation, partnership or joint venture in which the person holds an interest is a feeder member.

The Applicant has given notice to the following Feeder Associations pursuant to this requirement (if none, insert "not applicable"):

DATED at _____, in the Province of Alberta, this ____ day of _____,
20____.

APPLICANT:

_ *[Enter complete legal name of the applicant(s)]*

Per: _____
[Signature of the Applicant]

Per: _____
[Signature of the Applicant]