

2015 Membership Application
Apple Farmers' Association of Nova Scotia

Member Name _____ Date: _____
(name or farm)

Alternate Name _____
(farm or name)

Civic Street Address _____

Civic Town/Community _____ Province _____ Postal Code _____

Phone Numbers

Home () _____ - _____

Office () _____ - _____

Fax () _____ - _____

Cell () _____ - _____

Email _____ @ _____

Annual Membership (February 1 to January 31)

___ Regular (producer) Member

___ Associate

Apple Farmers' Association of Nova Scotia
2380 Harmony Road
Aylesford NS B0P 1C0

Preferred method of communication (check one):
mail _____ fax _____ Email _____

Office Use

RD AM CN DT RN DD RS MN