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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2024 Membership Application** | | | | | | | | | | | | | |
| **🗸** | **Type of Membership Requested** | | | **Definition** | | | | | | | | | **Yearly Fee** |
|  | 1 | *Voting Member* | | Grower with 300 (+) planted Haskap bushes | | | | | | | | | $150.00 |
|  | 2 | *Non-Voting Member* | | Grower with *under* 300 planted Haskap bushes | | | | | | | | | $75.00 |
|  | 3 | *Associate Member* | | Students, Researchers, Potential Grower | | | | | | | | | $25.00 |
| **General Information** | | | | | | | | | | | | | |
| *Name of Applicant* | | |  | | | | | | | | | | |
| *Name of Orchard* | | |  | | | | | | | | | | |
| *Mailing Address* | | |  | | | | | | | | | | |
| *Location of Orchard* | | |  | | | | | | | | | | |
| *Email* | | |  | | | | | | | | | | |
| *Telephone* | | |  | | | | | | | | | | |
| *Signature* | | |  | | | | *Date* | | |  | | | |
| **Haskap Orchard Information** | | | | | | | | | | | | | |
| ***Haskap Varieties Planted*** | | | | | | ***Year(s) Planted*** | | | | | | ***Number of Bushes*** | |
| 1 |  | | | | |  | | | | | |  | |
| 2 |  | | | | |  | | | | | |  | |
| 3 |  | | | | |  | | | | | |  | |
| 4 |  | | | | |  | | | | | |  | |
| 5 |  | | | | |  | | | | | |  | |
| 6 |  | | | | |  | | | | | |  | |
| **Certification Information** | | | | | | | | | | | | | |
| Registered ONTARIO Farm Business? | | | | | NO |  | | YES |  | | Year: | | |
| CFIA Certified – Organic Growers Member? | | | | |  |  | |  |  | | Year: | | |
| Environment Farm Plan Completed? | | | | |  |  | |  |  | | Year: | | |
| **Questions** | | | | | | | | | | | | | |
| 1 | *What do you feel should be the priorities for HBGAO INC?* | | | | | | | | | | | | |
| 2 | *Are YOU willing to be part of the HBGAO Board of Directors?* | | | | | | | | | | | | |