

- English
 French
 Both languages

REGULAR MEMBERSHIP APPLICATION

1. Company Name: _____
 2. Doing Business As (if other than company name): _____
 3. Company President: _____ 4. Founding Year: _____

5. Corporate Headquarters Address:

Address: _____
 City: _____ Province: _____ Postal Code: _____
 Tel: _____ Fax: _____ Website: _____

6. Main Contact to receive CMC mailings and membership fee invoices:

Name: _____ Title: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Tel: _____ Fax: _____ E-mail: _____

7. List establishments engaged in livestock slaughter and/or meat processing as major activity, including owned subsidiaries.

| ESTABLISHMENT NUMBER(S) | LOCATION | TOTAL NUMBER OF EMPLOYEES | PLANT PRODUCTION EMPLOYEES (incl. contract employees) | NUMBER OF MEAT INSPECTORS |
|-------------------------|----------|---------------------------|-------------------------------------------------------|---------------------------|
| | | | | |
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8. Details of Operations:

- a. Livestock slaughter Cattle Calves Hogs Sheep & Lamb Poultry Other
 b. Full range of slaughter & processing Boxed Beef Pork Cut Other
 c. Processing meat only (curing/smoking/sausage kitchen, etc.)
 d. Other (Please specify): _____

9. Canadian Meat Council members are eligible for membership with **Canada Pork International**.

Would you also like to make an application for Canada Pork International? Yes No
 If yes, in which category? Fresh, Chilled and Frozen Pork Packers Pork Processors

Please return form, along with \$1000 CDN cheque, to:

Canadian Meat Council
 305-955 Green Valley Cr, Ottawa ON K2C 3V4
 T: 613-729-3911; F: 613-729-4997; E: info@cmc-cvc.com

OR you may provide credit card information below:

Name: _____
 CC #: _____ Exp: _____
 Signature: _____

The cheque is required in order for our Board of Directors to process your application. Payment will be processed only upon acceptance of application, and will be returned should the application be rejected.

The undersigned, as an authorized representative of a firm operating an establishment under the Canadian Meat Inspection Act, hereby makes application for membership in the Canadian Meat Council and certifies the above information to be true and accurate. Information is for use by Council office only.

Name: _____
 Title: _____
 Signature: _____
 Date: _____