

Associate Membership Application

Corporate Informa	ation:			
Company Name (English):		(French):		
Address:				
City:	Province:		Postal Code:	
Telephone:	Fax:			
Website:				
Official Represent	tative:			
Name:	Title:			
Address (if different from abo	ove):			
City:	Province:		Postal Code:	
Telephone:		Fax:		
Assistant's Name:				
	Fax:			
Assistant's Email Address: _				
Signature:			Date:	
	(Official Representative)		Date.	

By applying for or renewing membership with the Canadian Snack Food Association, you consent to CSFA's use of your information as stated in our privacy policy.

This policy is available online at: www.canadiansnack.com/privacy-policy

Cost of Annual Associate Membership:	\$600.00	To be submitted confidentially to:
13% HST (R121570956):	\$78.00	Ms. Ileana Lima Canadian Snack Food Association
Total:	\$678.00	PO Box 42252 128 Queen Street North
Please make cheque payable to Canadian Snack Food	Mississauga, ON L5M 4Z0	