



Membership Form

CARIBOO-CENTRAL INTERIOR POULTRY PRODUCERS ASSOC.

Farm/Ranch/BusinessName:	
Contact name:	Email:
Address:	City:
Telephone:	Postal Code:
Facsimile:	Website:
Second contact from same farm or business (non-voting):	

INDUSTRY STATUS (CHECK ALL THAT APPLY):	<input checked="" type="checkbox"/>
Poultry Producer	<input type="checkbox"/>
Egg Producer	<input type="checkbox"/>
Rabbit Producer	<input type="checkbox"/>
Other Producer:	<input type="checkbox"/>
Retailer	<input type="checkbox"/>
Consumer	<input type="checkbox"/>
Other:	<input type="checkbox"/>

DO YOU PREFER RECEIVING CCIPPA UPDATES AND NEWSLETTERS VIA <input type="radio"/> EMAIL OR <input type="radio"/> POSTAL MAIL	
ANNUAL MEMBERSHIP FEE — JANUARY 1 TO DECEMBER 31	\$25

