OIMP ASSOCIATE MEMBER APPLICATION FORM

Company Name: _____

Primary Contact: _____

Title: _____

Work Address: _____

City: _____ **Postal Code:** _____

Work Phone: _____ **Fax:** _____

Toll Free: _____ **Email:** _____

Website: _____

Supplier Categories:

- ❍ Building/Design Engineer
- ❍ Casings/Seasonings/Ingredients
- ❍ Clothing/PPE
- ❍ Computer Hardware/Software
- ❍ Consulting
- ❍ Cutting/Boning Equipment
- ❍ Energy
- ❍ Financial/Funding
- ❍ Food Safety/HACCP
- ❍ Insurance
- ❍ Laboratory Services
- ❍ Marketing
- ❍ Material Handling
- ❍ Packaging and Labelling
- ❍ Processing Machinery
- ❍ Sanitation
- ❍ Temperature Control
- ❍ Weighing Equipment
- ❍ Other

Company Description (max 100 words): _____

This information will be posted on the OIMP website and/or member directory, unless otherwise notified.

What prompted you to join? _____

Signature: _____ **Date:** _____

Annual Membership Dues $858.80 Membership dues include $98.80 HST (# 121262919) and is valid for 1 Year from the date received.

❍ Cheque Enclosed payable to the Ontario Independent Meat Processors

Charge to my: ❍ VISA ❍ MasterCard Expiry Date (mm/yy): _____

Cardholder Name: _____

Card #: _____

Signature: _____

Revised: 12-01-31

Please return this form to: OIMP * 7660 Mill Road Guelph, ON N1H 6J1 * Fax: (519) 763-4164

Questions? Email: info@oimp.ca * Tel: (519) 763-4558 * Website: www.oimp.ca