



## Member Application

Farm Name:

\_\_\_\_\_

Contact Name(s):

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

E-mail/Website:

\_\_\_\_\_

Hop Varietals Grown: \_\_\_\_\_

No. of Plants: \_\_\_\_\_

Are you Certified Organic? \_\_\_\_\_

\_\_\_\_\_

Membership Fee: \$100.00 (cheque attached)

\_\_\_\_\_

Date:

\_\_\_\_\_

Signature: \_\_\_\_\_

Cheques can be mailed to: Maritime Hop Growers Co-operative Ltd.  
c/o 35 McInnis Road  
Malagash, NS B0K 1E0