



**Application for
Organization or Corporate Membership
One-time Fee: \$300.00**

Company Name: _____

Please print name of partnership, company, organization, or association in full

Name of individual company contact: _____

Address: _____

City/Town: _____

Postal Code: _____

County/Region: _____

Phone: _____

Email: _____

Nature of business: _____

Date: _____

Payment enclosed or Please send an invoice

Submit completed form to the Ontario Agricultural Hall of Fame office by mail, fax or email (contact information above).