



**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: \_\_\_\_\_

Pay by cheque  or Please send an invoice

Pay by credit card

Credit Card Number: \_\_\_\_\_

Expiry: \_\_\_\_\_

CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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