

MEMBERSHIP FORM

HALIBURTON COUNTY FARMERS' ASSOCIATION

January 1 to December 31

\$10

for this you will receive a copy of the newsletter
'The County Farmer'

&

it will entitle you to attend events hosted by the HCFA
receive free posting of your items for sale or wanted

Please use this form only if you do NOT have animals

_____ FARMERS' ASSOCIATION

NAME: _____

PHONE: (_____) _____
 area code

911 ADDRESS: _____

_____ POSTAL CODE _____

TOWNSHIP: _____ LOT: _____ CONCESSION: _____

EMAIL: _____

THANK YOU

*Please make your cheque payable to HCFA & mail them
to:*

*Sheila Robb, Treasurer
1574 Buckslide Road
Algonquin Highlands
Ontario
K0M1J1*

