



## **Application for SeCan Membership**

The undersigned hereby applies to be accepted as a **Member** of SeCan Association.

Name: \_\_\_\_\_

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**(Show Corporate name if legally incorporated, otherwise, show only the name of an individual)**

If you wish to have your name shown in a different way on the published membership list, please indicate the name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street and/or Post Office Box Number)

\_\_\_\_\_  
(Town, Province and Postal Code)

Civic Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Town, Province and Postal Code)

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Facsimile: (\_\_\_\_\_) \_\_\_\_\_

Mobile: (\_\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

SeCan communicates primarily through email. I consent to receive email communication: ☐

Email: \_\_\_\_\_ Twitter: \_\_\_\_\_

Language preferred for communication: English ☐ French ☐

Name of designate voting representative:

\_\_\_\_\_

Additional people who should be linked to this membership:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Have you been a member of the Canadian Seed Growers' Association? Yes ☐ No ☐

If yes, what was your last year of membership? \_\_\_\_\_ Membership No: \_\_\_\_\_

Are you a Select Grower? Yes ☐ No ☐ Are you a Probationary Grower? Yes ☐ No ☐

What accreditation do you have? Check all that apply:

Approved Conditioner ☐ Bulk Storage Facility ☐ Authorized Importer ☐

Seed Testing Lab ☐ US Export Program ☐

Do you have a seed cleaning facility: Yes ☐ No ☐

Is your business a RSE? Yes ☐ No ☐ If yes, what is your RSE No. \_\_\_\_\_

Will you be selling (check all that apply):

Retail (direct to farmers) ☐ Wholesale to members ☐ Wholesale to non-members ☐

List the names, addresses and CSGA membership numbers of other growers who will produce pedigreed seed under this membership:

Name	Address	CSGA No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SOIL ZONE or ZONES where seed will be produced:

Crop kinds in which you intend to participate:

Cereals, oilseeds and special crops	<input type="checkbox"/>
Grasses or forage legumes	<input type="checkbox"/>
Organic seed production	<input type="checkbox"/>

If my application for membership in SeCan Association is accepted, I hereby agree to observe the Rules, Regulations and By-Laws of SeCan Association. I have the authority to bind the member:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

My \$500.00 plus G.S.T./H.S.T., payable to SeCan Association is:

☐ enclosed ☐ was forwarded previously. I understand this fee will be refunded if my application is not accepted.

Membership applications must be received by December 31<sup>st</sup> for the coming year. Applications will not be considered during the course of a year. All applications received after December 31, will be held and considered for the following year. SeCan operates on a calendar year.

Once your application has been approved, SeCan will send a Member Agreement for signature. Membership will not be active until there is a fully executed Member Agreement.

Return completed forms to:

SeCan  
400 – 300 Terry Fox Drive  
Ottawa ON K2K 0E3