

Food Secure Canada /Sécurité Alimentaire Canada Membership:

I /we agree to support the principles of Food Secure Canada/Sécurité Alimentaire Canada.

Name (*individual member or organization representative*): _____

Organization (*if applicable*): _____

Signature: _____

Address: _____

Postal Code: _____ Phone: _____

Fax: _____ Website: _____

Email: _____

Membership category (check one):

- | | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual – Waged: \$30/year | <input type="checkbox"/> Organization, no permanent staff – \$50 |
| <input type="checkbox"/> Individual – Unwaged: \$10/year | <input type="checkbox"/> Organization, budget under \$100,000 with permanent staff – \$100 |
| <input type="checkbox"/> Associate: \$40/year | <input type="checkbox"/> Organization, budget over \$100,000 – \$500 |
| <input type="checkbox"/> Very interested but unable to pay at this time | |
| New membership <input type="checkbox"/> | Renewal <input type="checkbox"/> |

Which of the following best describe your involvements? (Check as many as appropriate)

- Aboriginal food security/sovereignty
- Anti hunger
- Anti poverty
- Consumer advocacy
- Environmental protection
- Local Development
- Farmer advocacy
- Fisheries
- International development
- Public Health
- Public Nutrition
- Rural development
- Sustainable agriculture
- Other (please specify): _____

Please send this form, with your cheque, to:

Food Secure Canada, Station Main, PO Box 2868, Winnipeg, Manitoba, R3C 4B4.