



SGGA MEMBERSHIP FORM

PLEASE COMPLETE THE FORM BELOW AND SUBMIT IT, ALONG WITH PAYMENT, TO THE SGGA OFFICE

Membership Year: _____ Company Name: _____

Applicant Name: _____

Mailing Address: _____ City/Town: _____

Prov: _____ Postal Code: _____

Business Telephone #: _____ Alt Phone #: _____

Fax Number: _____ E-mail: _____

May the SGGA use your Business Name for promotional purposes? _____ Yes _____ No

I give SGGA permission to share my contact info with other growers and suppliers. _____

SIGNATURE

Active Membership Information (check all that apply)

Greenhouse Vegetable

- Cucumbers Tomatoes Peppers Other(s): _____
- Bedding Plants Potted Plants Perennials Cut Flowers Poinsettias Garden Center
- Wholesale Retail
- Other(s): _____

Please select your size* of operation to help the SGGA identify programs and benefits that fit our member's needs:

- Small – under 9,999 Moderate – 10,000 – 24,999 Medium – 25,000 – 1 acre Large – over 1 acre

*Size is determined by the square footage you have that is covered by a structure and you have the capacity to control the heating & / or cooling environment.

I would like to receive my Greenhouse Canada subscription

- electronically printed copy in the mail

*IMPORTANT: Would you prefer to receive communications by: Mail E-mail

The SGGA newsletter will be shared with you via the preference indicated.

Membership Type

- Active Member / Grower – Basic Membership \$125.00 \$ _____
- Add \$0.01 per square foot over 10,000 to a maximum of \$325.00
of square feet _____ x \$0.01 = \$ _____
- Associate Member / Trade Membership \$175.00 \$ _____
includes listing in suppliers list on website
- Educator / Government Membership \$125.00 \$ _____
- Student Membership \$ 25.00 \$ _____

Subtotal = \$ _____

GST 5% = \$ _____

Total Enclosed = \$ _____

Payment Method

*Please submit payment payable to the **Saskatchewan Greenhouse Growers Association**

Amount Submitted /
Authorized: \$ _____

Cheque - Cheque Number: _____

Credit Card (Visa / Mastercard)

Cardholder's Name: _____

Credit Card Number:
_____/_____/_____/_____

Expiry Date: ____/____

Cardholder's Signature:

FAX OR MAIL THIS FORM TO:

Saskatchewan Greenhouses Growers Association
Box 68 Middle Lake, Saskatchewan S0K 2X0
Telephone: 306-367-2012 Fax: 306-367-2403 Email: saskgga@gmail.com