

Corporate Information :

Company Name :

Brands :

Main Address :

Street :

Province:

Postal Code :

Company Telephone :

Company Fax :

Website :

Corporate Parent (if applicable) :

Country of Origin :

Canadian Privately Owned :

Affiliated Canadian Companies (if applicable) :

CEO / Most Senior Canadian Executive :

Name :

Title :

Address (if different than main) :

Telephone :

ext.

Fax :

Email :

Assistant :

Telephone :

ext.

Fax :

Email :

By executing and submitting this application for membership in FCPC, I agree to be bound by the terms of the By-Laws of FCPC, a copy of which I hereby acknowledge has been provided to me. I hereby acknowledge that our membership in FCPC may only be terminated in accordance with the provisions of Article 5 of the By-Laws.

I certify that the sales of products by parent companies, subsidiaries and divisions through all channels of distribution in Canada during our last fiscal year place our company in category _____ (see membership fee calculation).

Date:

Signature: CEO / Senior Canadian Executive

PLEASE RETURN THIS FORM TO FCPC WITH A CHEQUE FOR MEMBERSHIP FEES PAYABLE TO: FOOD & CONSUMER PRODUCTS OF CANADA