



BCFWN Membership Application

Name: _____

Address: _____

Postal Code: _____

Phone: _____

Fax: _____

Email: _____

INTERESTS:

Beef _____ Crops _____ Swine _____ Sheep _____ Poultry _____

Fruit _____ Other: _____

Membership Fee: \$25.00/Year

Please make cheque payable to: **BC Farm Women's Network**

Mail with completed form to:

Lorraine Jerema
C16 Crossroads RR 1
Lone Butte BC
V0K 1X0