



## FULL MEMBER APPLICATION

Please complete this form and submit with payment to:  
Unit 12-59 Scurfield Boulevard, Winnipeg, MB R3Y 1V2  
204-982- 6372 [info@foodbeveragemb.ca](mailto:info@foodbeveragemb.ca)  
GST #: 895510139

Full Membership applies to processors that physically handle and process raw food and beverage product(s) within the Province of Manitoba at a suitable manufacturing site. All Full Members have voting status. If you are not a food or beverage processor, please see the Food & Beverage Manitoba Associate Member Application Form at [www.foodbeveragemb.ca](http://www.foodbeveragemb.ca)

### Company Info

Company Name		
Address		
City	Province	Postal Code
Telephone	Fax	Website

### Product Information

Brand Name(s): \_\_\_\_\_

Product Category (please check all that apply):

- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Baked Goods       | <input type="checkbox"/> Egg Products                 | <input type="checkbox"/> Honey / Syrups / Spreads     | <input type="checkbox"/> Snack Foods  |
| <input type="checkbox"/> Beverages / Water | <input type="checkbox"/> Food Ingredients & Additives | <input type="checkbox"/> Meat / Game / Poultry / Fish | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Candy / Chocolate | <input type="checkbox"/> Fruits/Vegetables            | <input type="checkbox"/> Prepared Foods               |                                       |
| <input type="checkbox"/> Dairy / Cheese    | <input type="checkbox"/> Grains / Pulses              | <input type="checkbox"/> Sauces / Condiments / Spices |                                       |

Labelling / Claims:

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Gluten-Free     | <input type="checkbox"/> Organic           | <input type="checkbox"/> Halal       |
| <input type="checkbox"/> Nutraceutical   | <input type="checkbox"/> Certified organic | <input type="checkbox"/> Non GMO     |
| <input type="checkbox"/> Kosher Products | <input type="checkbox"/> Vegetarian/Vegan  | <input type="checkbox"/> Peanut Free |

Certifications (please check all that apply):

- |  |                                     |                              |                                      |
|--|-------------------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> Food Handlers Certificate | <input type="checkbox"/> HACCP      | <input type="checkbox"/> BRC | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> SQF                       | <input type="checkbox"/> FSSC 22000 |                              |                                      |

Where can your retail products be purchased? (please list stores)

\_\_\_\_\_

What Manitoba ingredients do you use in producing your product?

\_\_\_\_\_

Who do you supply product to?

- Retail                       Food service                       Retail - private label                       Direct to Consumer/Farmers Markets

Do you have an online store?  No  Yes Site address: \_\_\_\_\_

Do you have a retail store?  No  Yes Location: \_\_\_\_\_

If you EXPORT your product, please check each region:  USA  Asia  Mexico  EU  Other \_\_\_\_\_

### Mentor Program

Are you interested in participating in the association's mentorship program as a  MENTOR  MENTEE?

Continue to page 2

## Profile & Logo

Please provide a brief description of your organization. (attach separate document) **and forward us your logo in both EPS and JPG format.**

## Main Contact

Please provide the following main contact information (used for directories and referrals) and check off the preferred method of contact.

Name		Title	
Address (if different from general address)			
City		Province	Postal Code
Telephone <input type="checkbox"/>	Fax	Email <input type="checkbox"/>	

## Additional Contact

If there is another individual Food & Beverage Manitoba should contact for specific events and services, please provide their contact information below and check off their preferred method of contact.

Name	Title
Telephone <input type="checkbox"/>	Email <input type="checkbox"/>

## Payment Information

**Rates** (Please check off the one that applies to your company.)

### Full Membership - Annual Fees

- 1 - 4 Employees: \$231 (inc. \$11 GST)       10 - 19 Employees: \$435.75 (inc. \$20.75 GST)       50 - 99 Employees: \$955.50 (inc. \$45.50 GST)  
 5 - 9 Employees: \$346.50 (inc. \$16.50 GST)       20 - 49 Employees: \$635.25 (inc. \$30.25 GST)       100 + Employees: \$1,386 (inc. \$66 GST)

## Billing

Contact (if different from main contact)		Title	
Address (if different from general address)			
City		Province	Postal Code
Telephone	Fax	Email	

## Method of Payment

- Cheque enclosed       Visa       MasterCard

Card Number		Name on Card
Expiry Date	CVV (3 digit code on back)	Signature

- COMMUNICATION CONSENT:** I agree to receive Food & Beverage Manitoba communications and newsletters containing information about upcoming training, market development programs and events.  
You can withdraw your consent at any time.