



TEA & HERBAL
ASSOCIATION OF CANADA
ASSOCIATION DU
THÉ ET DES TISANES
DU CANADA

NEW MEMBERSHIP SIGN UP FORM

Company Name: _____

Primary Contact: _____

Title: _____

Address: _____

City: _____ Province / State: _____ Postal / Zip: _____

Country: _____

Phone: _____ Email: _____

Website: _____

Facebook: _____ Twitter: _____ Instagram: _____

Membership Category & Level (*Please use the THAC definitions*): _____

Description of Goods and Services:

| | | |
|---------------------------------------|--|--------------|
| <input type="checkbox"/> Packer | <input type="checkbox"/> Private Label | Other |
| <input type="checkbox"/> Importer | <input type="checkbox"/> Distributor | _____ |
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Wholesale | _____ |
| <input type="checkbox"/> Online Sales | <input type="checkbox"/> Education | _____ |

Certifications:

About (description of company):

Number of years in business:

Please provide email contacts in your company that should receive general information and newsletters from the Association:

Main Contact:

Name: _____ Email: _____

Marketing:

Name: _____ Email: _____

Regulatory/Government:

Name: _____ Email: _____

Accounts Payable:

Name: _____ Email: _____

MEMBERSHIP NON-RENEWAL: In accordance with THAC Policy No. 2 , a member of THAC may at any time with written notice, resign his/her membership but will remain liable for and shall pay the Association all monies due at the time of his/her resignation. Notice of resignation must be provided to the President at least four (4) months prior to the fiscal year end, March 31st. In order to avoid any confusion, a member must submit their resignation by November 30th to avoid any liability for the following year's fees. Notice must be given in writing with recorded delivery to the President of the Association.

I, _____, affirm that I am authorized to represent my company with respect to its membership with the Tea and Herbal Association of Canada, will pay my annual dues and provide the required non-renewal notice in accordance with the THAC's Bylaws.

Date: _____

Signature: _____

PAYMENT OPTIONS:

Membership Fee: _____
13% HST (R131550964): _____
Grand Total (CDN\$): _____

Payment Method: Cheque Wire Transfer e-Transfer
 EFT VISA MC AMEX

Cardholder Name: _____
Card Number: _____
Expiry Date: _____ **CCV:** _____
Signature: _____

Please return form to Adi Baker at adi.baker@tea.ca

Make cheques payable to Tea & Herbal Association of Canada, submitted along with a copy of this form to:

Tea and Herbal Association of Canada
25 Adelaide St. East (Suite 711)
Toronto, Ontario M5C 3A1
Canada