

Western Feed Grain Development Co-op Ltd.

MEMBERSHIP FORM

MEMBER CONTACT INFORMATION

NAME	4•						
FARM	NAME:						
BOX #	OR STREET ADDRES	SS:					
TOWN	TOWN/CITY:			POSTAL CODE:			
PHONE: ()			FAX: ()				
EMAII	L:						
How did you hear about us: Website Member							
MB Cooperator Western Producer AgDays Crop Production Show_							
	Active Agricultural Member (to receive seed)						
		Share	Fee/Year	GST (5%)	Total Cost		
		\$10.00	\$200.00	\$10.00	\$220.00		
	Associated Member						
		Share	Fee/Year	GST (5%)	Total Cost		
		\$10.00	\$25.00	\$1.25	\$36.25		
	Non-Farming Corporate Member						
		Share	Fee/Year				
		\$10.00	\$1,000—\$20,000				

All members are required to pay a one-time membership share of \$10 to join the Co-op.

Please send form and payment: By mail: Box 144, Minto, Manitoba RoK 1Mo By fax: (204) 776-2250



Western Feed Grain Development Co-op Ltd.

Member Declaration:

Ι, _	on behalf of					
	derstand and agree to the following membership condit					
•	I will not misrepresent WFGD varieties as anything	other than General Purpose spring				
	wheat varieties or as stated by the Co-op.					
•	I agree to pay costs associated with WFGD seed suc	ch as royalties, reseeding fees and any				
	other fees outlined by the Co-op.					
•	In the event that I choose to cancel my membership	I will make the Co-op aware of the				
	WFGD seed or grain that I have as inventory. As all	seed/grain is accounted for, I will				
	either sell the grain off farm or feed it to livestock o	ther sell the grain off farm or feed it to livestock on farm and the Co-op has first right to				
	purchase any seed remaining.					
•	I understand that the Western Feed Grain Developm	ent Co-op Ltd. is not liable for				
	an Grain Commission grades of					
	wheat, whether for domestic or export sales.					
•	I grant the Co-op the right to audit my records to ensure that I have paid all Co-op					
	royalties/fees and have followed the outlined policies	es.				
•	I agree that if I contravene the rules of the Co-op that I may be expelled as a member by					
	Resolution of the Board of Directors and upon being so expelled I will lose and forfeit					
	any and all rights and entitlements that I may have i	n respect to the Co-op. I further agree				
	to compensate the Co-op for its full costs of rectifying any harm, damage or loss that may					
	have occurred directly or indirectly as a result of my	actions. In addition I agree to pay ar				
	additional amount of compensation for any loss of goodwill and reputation that may be					
	incurred by the Co-op as a result of my actions in an amount to be determined by the					
	Board of Directors up to a maximum amount of \$25	,000.00. This amount shall be				
	payable as damages and not as a penalty.					
	Corporation or Farm Name	Date				
	Signature	Title				