Farm Registration & Farm Organizations Funding Act

Farm Registration Form 2010

Office Use Only	Date	Farm Registration No.

If there are changes to your contact information, please make the revisions directly on this form.

Farm Business Name:

Farm Location (community) & Civic Address:

Farm Operator or Corporate /Partnership Contact Person:

Name

Address & Postal Code

Telephone Fax E-mail

Farm Legal Status:

☐ Individual Ownership ☐ Partnership ☐ Corporation

Name(s) of Farm Partners (only applicable if the farm business is a partnership):

General Farm Organization I wish to support is (<u>check one box only</u>):

☐	PEI Federation of Agriculture	
☐	National Farmers Union	

☐ Please check this box <u>only if</u> you <u>DO NOT CONSENT</u> to the sharing of your contact information with your supported farm organization, for the purpose of producer mail-outs. (Consent is required in accordance with the *Freedom of Information and Protection of Privacy Act.*)

Make cheque payable to:
"Registrar of Farms"

Submit completed application and cheque to address below before <u>April 1, 2010:</u>

Registrar of Farms
P.O. Box 1600
Charlottetown, PE
C1A 7N3

Or deliver to

Registrar of Farms
Agriculture Research Centre
440 University Ave
Charlottetown, PE
368-4145 / 1-866-734-3276

<u>Payment Information</u>

Check the appropriate box below, depending on your annual gross income from farming for the immediately preceding taxation year.

	<u>Gross Income</u>	<u>Registration Fee</u>
☐	0 to $100,000	$150.00
☐	$100,000 to $250,000	$250.00
☐	Greater than $250,000	$375.00

Registration Fee Enclosed $ _____

Refunds - If you wish a refund, you must contact the farm organization in writing by **June 1, 2010.**

Consents

Personal information on this form is collected under Section 6 of the *Farm Registration and Farm Organizations Funding Act* as it relates directly to and is necessary for the registration of farms. The Department of Agriculture may use the information to determine eligibility for its programming.

Signature and Declaration

I hereby declare that the information I have provided is, to the best of my knowledge, accurate and complete.

_____ _____

Signature Date