



Canadian Health Food Association Membership Form – FULL SUPPLIER

Thank you for your application to the CHFA! It is important that you complete and sign this form **in full** and submit your payment for new membership applications and renewals. Memberships are processed when payment is received. Upon approval of your membership, a package with more information will be mailed to you.

NEW APPLICATION RENEWAL APPLICATION

MAIN CONTACT INFORMATION

Company Name: _____
Subsidiary/Divisions of Parent Company: _____
Corporate Head Office: _____
Main Contact Name: _____ Title: _____
Voting Member Name (if different than main contact): _____ Title: _____
Street Address: _____ City: _____
Province: _____ Postal Code: _____ Email: _____
Phone: _____ Fax: _____ Website: _____

FULL SUPPLIER MEMBERSHIP FEES

Full Supplier members enjoy a wide range of benefits including free admission to all CHFA tradeshows and voting privileges. Complete details of membership benefits are available on our website at www.chfa.ca.

Please indicate which categories that best describe your company.

- | | | | |
|--------------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Broker | <input type="checkbox"/> Exporter | <input type="checkbox"/> Internet Sales | <input type="checkbox"/> Raw Material Supplier |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Importer | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Wholesaler |

FIRST YEAR SUPPLIER **\$500**

A first-time membership for companies that will qualify for “Full Supplier” membership in their second year. First-year Supplier membership is only available once.

FULL SUPPLIER

Suppliers of natural products and/or organics, where these products are destined for distribution through retail stores or via the internet.

Fees for any of these types of members are calculated based on annual Canadian sales of natural products and/or organics:

- | | |
|--|---|
| <input type="checkbox"/> Under 500K = \$500 | <input type="checkbox"/> 5 - 10 million = \$4,400 |
| <input type="checkbox"/> 500K - 1 million = \$800 | <input type="checkbox"/> 10 - 20 million = \$5,500 |
| <input type="checkbox"/> 1 - 2 million = \$1,650 | <input type="checkbox"/> 20 - 30 million = \$6,600 |
| <input type="checkbox"/> 2 - 3 million = \$2,200 | <input type="checkbox"/> 30 - 40 million = \$8,800 |
| <input type="checkbox"/> 3 - 5 million = \$3,300 | <input type="checkbox"/> 40+ million = \$10,000 |

PAYMENT INFORMATION

Membership Fee \$ _____
Tax (13% HST) \$ _____
TOTAL DUE \$ _____

Please charge my credit card: Visa Mastercard
Card Number: _____
Expiry Date: _____ Cardholder Name: _____
Signature required: _____

Enclosed is my cheque payable to CHFA.

Registered GST #106846892

Please note that a minimum administration fee of \$25.00 will be charged for all NSF cheques.

Mail or fax your application & payment to:

Canadian Health Food Association, 235 Yorkland Blvd., Ste. 302, Toronto ON M2J 4Y8
Phone: (416) 497-6939 Toll free: 1 800 661-4510 Email: info@chfa.ca
Fax: (416) 497-3214 Toll free: 1 888 292-2947 Web: www.chfa.ca

COMPANY DESCRIPTION

To better target information and potentially refer business to your company, please provide CHFA with a description of your business (up to 50 words).

MEMBERSHIP PROFILE

Please indicate all product lines/services provided by your firm:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Herbal Products | <input type="checkbox"/> Pet Products | <input type="checkbox"/> Vitamins/Supplements |
| <input type="checkbox"/> Baby Products | <input type="checkbox"/> Homeopathic Products | <input type="checkbox"/> Raw Materials | <input type="checkbox"/> Weight Loss Products |
| <input type="checkbox"/> Bulk Foods | <input type="checkbox"/> In-store Prepared Foods
<i>(i.e. café, deli, restaurant)</i> | <input type="checkbox"/> Refrigerated/Frozen | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Bulk Herbs | <input type="checkbox"/> Literature/Media | <input type="checkbox"/> Silica/Gluten-free Products | _____ |
| <input type="checkbox"/> Cleaning & Household Products | <input type="checkbox"/> Natural Fabric/Clothing Products | <input type="checkbox"/> Sports Drinks | |
| <input type="checkbox"/> Grocery | <input type="checkbox"/> Organic Products | <input type="checkbox"/> Sports Nutrition | |
| <input type="checkbox"/> HABA | | <input type="checkbox"/> Traditional Medicines
<i>(e.g. Chinese, Ayurvedic)</i> | |

AREAS OF INTEREST

Please tell us the particular areas you are interested in learning more about:

- | | |
|---|---|
| <input type="checkbox"/> Trade Shows | <input type="checkbox"/> Member Discount Programs: |
| <input type="checkbox"/> Regulatory Affairs | <input type="checkbox"/> Car Rentals (Avis) |
| <input type="checkbox"/> Educational Programs | <input type="checkbox"/> Fuel, Auto Parts & Labour (Petro Canada) |
| <input type="checkbox"/> Advisory Council participation
<i>(subject to vacancy & approval)</i> | <input type="checkbox"/> Group Health Benefits (MEBA) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Hotels Rates (Choice Hotels) |
| | <input type="checkbox"/> Liability and Group Insurance (BFL Canada) |
| | <input type="checkbox"/> Merchant Services (Chase Paymentech) |
| | <input type="checkbox"/> Payroll & HR Solutions (Ceridian) |
| | <input type="checkbox"/> Shipping Services (Canpar) |
| | <input type="checkbox"/> Tele/Web Conferencing (Premiere Global Services) |
| | <input type="checkbox"/> Online Nutrition Seminars (Nutrition Business Journal) |

LANGUAGE PREFERENCE

CHFA provides information in both official languages to members. How would you prefer to receive information?

Select, if different from current selection: English French

Current selection: <language>

CHFA GUIDING PRINCIPLES

CHFA is a trade association that is self-regulated. Consumers and members respect the professional standards that we set for ourselves. Members are requested to show their respect and acceptance of ethical business practices by signing the Guiding Principles.

- We strive to promote the concept of wellness
- We strive to promote products and/or services to benefit consumers seeking to maintain or improve a state of well-being
- We strive to hold the health and safety of the consumer to be of prime consideration when providing products and/or services
- We endeavour to provide only those products and/or services that are in compliance with applicable Government Regulations and policies
- We agree to engage in responsible advertising only
- We agree to support the safeguarding of the environment
- We strive to achieve a standard of excellence in customer/client service
- We endeavour to associate with, participate in and support organizations for the betterment of our Industry
- We will abide by these **Guiding Principles** and the by-laws of the Association and refrain from making statements in public or otherwise that are false, misleading or unfounded
- We strive to achieve a high standard of knowledge through continuing education and professional experience

I agree to abide by the CHFA Guiding Principles, described above, to show my commitment to professional and ethical conduct.

Signature required _____ Date: _____

AGREEMENT AND CONSENT

I acknowledge that all of the information that I have given is true to the best of my knowledge. I understand that the acceptance of my application for membership in the Canadian Health Food Association (CHFA) constitutes my agreement to abide by the CHFA Guiding Principles described above and the bylaws of the Association. Where this application contains personal information about an individual, the applicant (i) hereby consents; or (ii) represents and warrants that the person concerned has consented, to the collection, use and disclosure of the personal information by the CHFA for the purposes of processing this application, administering membership in the CHFA, communicating with applicants and members or such other purposes as described in CHFA's Privacy Policy. The applicant (i) hereby acknowledges; or (ii) has obtained an acknowledgement from the individual concerned, that CHFA's collection, use and disclosure of Personal Information shall only be done in accordance with its Privacy Policy, a copy of which is available at www.chfa.ca or from the CHFA by email by sending a request to privacy@chfa.ca.

Signature required: _____ Date: _____

THIRD PARTY MAIL OUTS

Periodically, CHFA members and third party companies may wish to offer their services or special offers. CHFA reviews and approves all requests, in advance, according to the CHFA member Mail Out Policy. A copy of the Mail Out Policy is available upon request from info@chfa.ca. Members may however, request to be removed from third party mailing lists by signing below.

Please remove me from third party mailings:

Signature optional: _____

Date: _____

We want to make sure the right people receive the right information. Please provide us with the appropriate information for each contact. All contacts will receive CHFA communications via email unless otherwise noted.

ADDITIONAL CONTACTS

Company Name: _____
President/CEO/Owner Name: _____ Title: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Fax: _____ Email: _____

Company Name: _____
Regulatory/Quality Assurance Contact Name: _____ Title: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Fax: _____ Email: _____

Company Name: _____
Trade Show Contact Name: _____ Title: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Fax: _____ Email: _____

Company Name: _____
Marketing Contact Name: _____ Title: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Fax: _____ Email: _____

Company Name: _____
Media Contact Name: _____ Title: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Fax: _____ Email: _____

Company Name: _____
Accounting Contact Name: _____ Title: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Fax: _____ Email: _____