



MANITOBA COOPERATIVE
HONEY PRODUCERS

625 Roseberry Street
Winnipeg, MB R3H 0T4
Ph. (204) 783-2240
Fax (204) 783-8468

TRUCKLOAD (TLC) MEMBERSHIP INFORMATION SHEET

- A TLC membership application form must be filled out and returned to the Cooperative.
- All applicants must be registered with the Department of Agriculture in their province and the registration number provided to the Cooperative.
- All applicants must be registered with the Canadian Food Inspection Agency and provide a copy of the registration certificate to the Cooperative.
- All applicants must be True Source Certified and provide a copy of the registration certificate to the Cooperative.
- Once an application form has been received, the applicants name will go on a waiting list. The waiting list is reviewed by the Board of Directors for approval.
- Once approved for membership, two Truckload Contract Marketing Agreements will be mailed out to be signed by the producer. Both copies must be returned to the Cooperative. When they are signed and sealed, one copy will be mailed back to the producer for their file.
- If the contracts are not signed and returned to the Cooperative within 30 days, the producers' name will be taken off the waiting list and will have to re-apply for membership.
- A member account will be set up for the new member. All transactions will flow through this account (honey that is posted, honey payments, cheques, direct deposits, bee supply charges, interest, etc.)
- **All honey must be delivered in Bee Maid barrels.**
- Honey delivery appointments are required year-round.
- The fiscal year is August 1st to July 31st. **All honey must be delivered no later than January 31st of each year.**
- No deposit is required on drums for truckload contract members.
- Payments for honey delivered are made throughout the year and are determined by the Board of Directors at quarterly meetings.
- An initial payment is made upon delivery of honey.
- Interim payments are typically made January 15th, March 15th, June 15th and a final payment November 15th.
- All other policies related to the Cooperative are in the Members Policy Handbook.



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TRUCKLOAD (TLC) MEMBERSHIP APPLICATION

Board of Directors
Manitoba Cooperative Honey
Producers Limited
625 Roseberry Street
Winnipeg, Manitoba
R3H 0T4

I hereby make application for Membership in the Manitoba Cooperative Honey Producers Limited under the Truckload Contract. I understand that Membership in the Cooperative requires the purchase of one (1) original Membership Share for the sum of one dollar (\$1.00). This sum to be returned to me upon cancellation of Membership with the Cooperative.

I also understand that consideration for Membership with the Manitoba Cooperative requires that all Truckload Contract Members are registered with the Canadian Food Inspection Agency and are True Source Certified and that a copy of each certificate must be provided.

I also understand that it will be necessary for me to sign a Marketing Agreement covering the delivery of a truckload of honey produced to the Cooperative. It is further understood that if at any time the Marketing Agreement should become terminated then Membership in the Cooperative will be cancelled.

I also understand that Membership in the Cooperative authorizes the Board of Directors to deduct from each years earning on my honey an amount established by the Board required for financing and operating the business. Such an amount will be used to purchase shares of the Cooperative and will be paid back on a revolving basis involving five crop years.

I also understand that once I become a Member I shall faithfully support and promote the business affairs of the Cooperative and shall be bound by By-Laws and policies of the Cooperative.

Not until acceptance as a Member.



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PLEASE INDICATE:

LOCATION OF APIARY: _____

NUMBER OF COLONIES OPERATED 20_____

PLEASE INDICATE THE NUMBER OF TRUCKLOADS REQUESTED: _____

Please identify Account Name and Address in full through which all business transactions are to be conducted.

ACCOUNT NAME: _____
Please Print - Individual Name(s) or Corporation

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

TELEPHONE NO: _____ FAX NO: _____

CELL NO: _____ E-MAIL ADDRESS: _____

C.F.I.A. REGISTRATION # _____ TRUE SOURCE # _____

I certify that I am a registered beekeeper with the Department of Agriculture, Province of Manitoba/Saskatchewan. My registration number is _____.

*(Applications without a Provincial registration number, CFIA number or True Source number **will not** be processed.)*

Print Name

Signature

Print Name

Signature

Print Name

Signature

For a joint account all parties must sign. For corporations signing officers must sign.

DATE OF APPLICATION: _____