

Associate Member Program

SIGN-UP FORM



Business name: _____

Contact name: _____

Address: _____

Phone: _____ Email: _____

Form of payment:

- Interac e-Transfer®
- Cheque

Removable 3"x3"
window decal requested:

- Yes
- No

Interested in displaying additional
IOPA signage and materials:

- Yes
- No

Please return this form and send your e-Transfer to admin@iopa.ca.
Or print and return this form with your cheque to IOPA, 4164 Telegraph Rd. Cobble Hill, BC V0R 1L4.

If you would like us to include your logo on our website, please email us a web ready file.

That's it! We'll be in touch with your membership package. Thanks for supporting organic!