

REQUEST FOR REFUND

Farm/Corporate Name: _____

Address: _____

Phone Number: _____

Email Address: _____

KAP ID Number: _____

Reason for Requesting a Refund of Membership Fees:

I, _____, on behalf of _____

hereby request a refund pursuant to section 29 (1) of *The Agricultural Producers' Organization Funding Act* (the "Act") of any funds collected and remitted to Keystone Agricultural Producers Inc. ("KAP") by a Designated Purchaser pursuant to section 27 of the Act.

In making this request, I understand, acknowledge and accept that the requested refund will be made at the time(s) set out in the Regulations to the Act and no sooner.

By making this request, I hereby relinquish any and all rights and privileges associated with membership in KAP, including but not limited to: the right to speak or make motions at KAP meetings or events; support of or representation by KAP to any government agency, commission, tribunal; access to the KAP office, staff and resources; participation in programs or services provided by KAP exclusive to its members; access to communications, materials and information provided by KAP; and all other benefits associated with KAP membership.

In executing this document, I affirm that I am an individual authorized to sign on behalf of the above stated corporation.

I recognize and acknowledge that requests for refunds are required annually and absent said request KAP will not provide a refund.

Print Name _____ Signature _____ Date _____

Please fill out this form and email it to membership@kap.ca