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Producer Registration Form  New Registration  Update Existing Registration

**Farm Information**

WHE # (Not Required for New Registrations):

Last Name or Farm Name:

First Name (Not Required If Farm Name Used):

Organization:

Address:

Town:

Province:

Postal Code:

Phone #:

Fax #:

Cell #:

\* include area code

E-Mail:

County/Municipal District/Improvement District/Special Area (C/M/I/S) :

\*Barn Location\* *MOST IMPORTANT*

circle appropriate

C/M/I/S

Number

**Direct Information To (if different from above)**

Last Name or Farm Name:

First Name (Not Required If Farm name Used):

Address:

Town:

Province:

Postal Code:

Telephone # (include area code):

Fax # (include area code):

E-Mail:

**Direct Payments To**

Last Name or Farm Name:

First Name (Not Required If Farm name Used):

Do you want your funds transferred electronically?  No  Yes (include completed EFT Form and void cheque)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Return completed form to:

Attention: Crystal Waldner or  
Western Hog Exchange  
10319 Princess Elizabeth Avenue  
Edmonton AB, T5G 0Y5

Fax: 1-780-471-8065

Email: [crystal.waldner@westernhogexchange.com](mailto:crystal.waldner@westernhogexchange.com)