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### Assembler Trucker Registration Form

New Registration     Update Existing Registration

#### Contact Information

Last Name or Farm Name:

First Name (Not Required If Farm name Used):

Organization:

Address:

Town:

Province:

Postal Code:

Telephone # (include area code):

Fax # (include area code):

Cell # (include area code):

E-Mail:

GST Number:

#### 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  
Western Hog Exchange  
10319 Princess Elizabeth Avenue  
Edmonton AB, T5G 0Y5

or    Fax: 1-780-471-8065  
Email: [crystal.waldner@westernhogexchange.com](mailto:crystal.waldner@westernhogexchange.com)