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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