

Alberta Biocontrol Consortium Member Application

Date_____

Organization_____

Type of Organization_____

Main Contact: Name_____

Main Contact: Email_____

Main Contact: Phone_____

Alternate Contact (if applicable):

Name_____

Alternate Contact:

Email_____

Alternate Contact:

Phone_____

Organizational Commitment (please agree with the following):

- ☐ We support the objectives of the Alberta Biocontrol Consortium.
- ☐ We commit to active participation in meetings and decision-making processes.
- ☐ We agree to adhere to the principles of collaboration, transparency, and mutual respect.

Membership Term Confirmation

- ☐ This is a new membership application
- ☐ This is a renewal of existing membership for the April 1 to March 31, 20____ year.

Signature_____

2025-09-19