

CANCEL PARTICIPATION FORM

AgriStability PIN:

Use this form to cancel your participation in AgriStability. This request can only be signed by the participant; nobody else can sign this form on your behalf.

Name		Home Phone	
Address 1		Work Phone	
Address 2		Cell Phone	
City	Province	Postal Code	Fax Number
Country	Email		

Reason for Cancelling:

- | | |
|--|---|
| <input type="checkbox"/> No longer farming | <input type="checkbox"/> Death of participant |
| <input type="checkbox"/> Program changes under GF2 (reduced support) | <input type="checkbox"/> AgriStability is difficult to understand |
| <input type="checkbox"/> Other (please explain): | |

Agreement and Signature:

I want to cancel AgriStability participation for the _____ program year. I understand that

- By cancelling participation, I will not be participating for the current program year and will not receive any correspondence, including enrolment notices, for future program years.
- If I am cancelling participation after the due date on the enrolment notice for the current program year, I still need to pay the total fee due plus any late penalties.
- If I received an interim payment for the current program year, the amount will become an overpayment and the BC Ministry of Agriculture will recover that amount.
- To participate in AgriStability in the future, I must apply by April 30 of the program year.

Signature (Participant/Signing Officer)	Printed Name
Corporate Name	Date



**Sustainable Canadian
Agricultural Partnership**



**BRITISH
COLUMBIA**

