



Manitoba Crop Alliance's **FLAX COMMITTEE APPLICATION FORM**

Contact Information

Name _____ Farm name _____

Phone number _____ Email address _____

Mailing address

Why are you interested in joining MCA's flax committee?

What do you think is one of the biggest challenges facing flax farmers?

Regarding the challenge(s) you shared in the previous question, what would you do as a flax delegate to help farmers overcome this challenge?

What strengths would you bring to the flax committee?

Can we share your answers? YES ☐ NO ☐

