

APPLICATION FORM

CREDIT FOR UPA DUES PROGRAM 2026

<https://www.upa.qc.ca/en/programme-credit-de-cotisation/>



UPA No: _____ Name of farm: _____
Address: _____ Municipality: _____
Postal code: _____ Telephone: _____
Email address: _____

ELIGIBILITY CRITERIA

- ✓ You must be an agricultural producer registered as a double-dues paying farm (\$952) for the current year (2026) **and expect to have a farm gross income of less than \$25,000 for the current year.**
- ✓ You must comply with the dues regulations and have paid dues along with any applicable interest to the UPA, including payment of individual dues, for the current year, i.e., \$547.28 (\$466 plus tax).
- ✓ **You will receive a double dues notice**, and you must have paid a single due for us to process your request.
- ✓ **You must complete the form below and return it to the UPA, BY OCTOBER 31ST, 2026.**
- ✓ You must demonstrate, to UPA's satisfaction, that the farm's gross income for the year 2026 was less than \$25,000⁽¹⁾ and send us the required documents **by July 31ST, 2027.**
- ✓ For full terms and conditions, please visit the website: <https://www.upa.qc.ca/en/programme-credit-de-cotisation>

REQUIRED DOCUMENTS BY JULY 31ST, 2027

For General Partnerships, Co-Ownerships:	For Companies, Co-Operatives, and Limited Partnerships and Trust:
<ul style="list-style-type: none">• Statement of Farming Activities from the 2026 federal tax return (Form T2042).	<ul style="list-style-type: none">• 2026 financial statements, including the notes.

For audit and program compliance purposes, a certain number of applications will be selected at random and analyzed in detail. In these cases, producers will be required to provide us with additional documents planned in the program.

To be eligible for the UPA dues credit, I authorize the UPA:

- ✓ To verify my production volumes through the appropriate federations and/or syndicates.
- ✓ To verify all the required documents, which I will provide.

In addition: I agree to be considered as an individual producer. Consequently, a single authorized representative will be recognized for my business, whom I hereby identify as: X _____	Please print surname and given name
<ul style="list-style-type: none">✓ For member farms: I acknowledge that the farm will have only one right to vote, to be exercised by the authorized representative identified above.✓ I understand that I will be obligated to repay the credit with any applicable interest if my farm gross income exceeds \$25,000 in 2026 or if I do not provide all the required documents by July 31ST, 2027.	

I declare that the information provided in this application form and the attached documentation is correct.

I declare that I am aware of the program criteria, that I agree with it, and that I undertake to follow it.

Signature: _____ Date: _____

3 WAYS TO SUBMIT THE FORM BY OCTOBER 31ST, 2026

By email: cotisations@upa.qc.ca By fax: 450 463-5215

By mail: L'Union des producteurs agricoles
Dues Service
100-555 Boul. Roland-Therrien, Longueuil (Québec) J4H 3Y9

⁽¹⁾ The following items are counted as farm gross income for this program: sale of wood, crop insurance, AgriStability, farm income stabilization insurance (ASRA), Agri-Québec Plus or similar program.