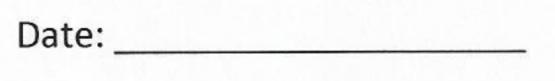
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APPLICATION FOR MEMBERSHIP IN MEMBER MARKETS

I would like to ap	ply for membership in the	!		Farmers' Market.		
Name:						
Address:			Postal Code:			
Telephone:			_Email:			
I would like to se	II the following:					
(, and or specific and or specific and or specific and specific an	ummerecial markets BOUND BY A	AND TO ABIDE I	Candy Cut Flowers Honey Meat, Poultry & Fish Pickles & Relishes Sask. fruit Vegetables & Potatoes Other (and winter BY THE BY-LAWS OF SASKATCHEV Tan Health if I handle any kind of feeting one year or my membership with the same and the same an	ood. I will take	
I hereby apply fo	r membership in the			Farmers' Market and th	e Sum of	
	s paid herewith as a memb					
This application Farmers' Market This member has	has been approved by the too completed the Safe Food	Board of Di	rectors of the _			
Signed by Direct	or:					