



## APPLICATION FOR MEMBERSHIP IN MEMBER MARKETS

I would like to apply for membership in the \_\_\_\_\_ Farmers' Market.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to sell the following:

( )	Baking	( )	Candy
( )	Crafts	( )	Cut Flowers
( )	Eggs	( )	Honey
( )	Jams & Jellies	( )	Meat, Poultry & Fish
( )	Perogies and Cabbage Rolls	( )	Pickles & Relishes
( )	Plants (House or bedding)	( )	Sask. fruit
( )	Sewing	( )	Vegetables & Potatoes
( )	Other (_____)	( )	Other (_____)

I plan to attend the spring \_\_\_\_\_, summer \_\_\_\_\_, fall \_\_\_\_\_ and winter \_\_\_\_\_

Markets \_\_\_\_\_, and or special markets \_\_\_\_\_.

**ON BECOMING A MEMBER I AGREE TO BE BOUND BY AND TO ABIDE BY THE BY-LAWS OF SASKATCHEWAN FARMERS' MARKET CO-OPERATIVE LTD.**

I agree to take the Safe Food Handler's course provided by Saskatchewan Health if I handle any kind of food. I will take the Safe Food Handler's course at the next available opportunity or within one year or my membership will be revoked.

I hereby apply for membership in the \_\_\_\_\_ Farmers' Market and the Sum of

\$ \_\_\_\_\_ is paid herewith as a membership fee.

Signed: \_\_\_\_\_

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*This application has been approved by the Board of Directors of the \_\_\_\_\_*

*Farmers' Market Co-operative.*

*This member has completed the Safe Food Handlers' course on \_\_\_\_\_.*

*Signed by Director: \_\_\_\_\_*