



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: _____



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: _____