



APPLICATION FOR MEMBERSHIP IN SASKATCHEWAN FARMERS' MARKET CO-OPERATIVE LTD.

TO:

The Board of Directors of the Saskatchewan Farmers' Market Co-operative Ltd.
P.O. Box 547
Porcupine Plain, SK
S0E 1H0

The _____
(Name of Intended Farmers' Market Cooperative)

Hereby applies for membership in the Saskatchewan Farmers' Market Co-operative and the sum of \$5.00 is herewith paid as membership fee.

On becoming a member of the Saskatchewan Farmers' Market Co-operative, we agree to be bound and abide by the Bylaws of the association.

We also agree to have **all** members that handle food of any kind take the Safe Food Handlers Course provided by Saskatchewan Health as soon as possible, and definitely within one year of becoming a member of our Market.

In witness whereof the undersigned duly authorized signing officers have affixed our signatures on behalf of the

_____ Farmers' Market.

_____ Signature

_____ Signature

Address, Telephone numbers and email address of applicants:

