



**LIAISON FORM  
(FORM 2)**

The FMAM Liaison is the person from a Member Market who is the designated person for that Market to communicate with FMAM on all matters. S/he need **not** be the **voting member** for the Member Market. S/he is **responsible for disseminating all information** sent out by FMAM in a timely manner to Market Board Members/co-ordinators and/or Vendors when applicable. This person need not be the co-ordinator or on the Board or management of the Member Market, ie: anyone involved in the market can hold this position provided the Member Market approves.

The FMAM liaison must:

- Have e-mail access and check it weekly year round
- Have the time to distribute information coming from FMAM in a timely manner as some of the information is time sensitive
- Be able to communicate effectively with all people involved in their market so that every member...whether they be vendor, board member, manager or other stakeholder...has access to the information FMAM provides their Member Markets
- Be willing and able to attend & represent their market at the Annual General Meeting of FMAM (if voting)
- Be able to report to the market's board/management on FMAM matters, if applicable.
- Be excited about their market and farmers' markets in general!

We thank you for becoming involved in the Farmers' Markets Association of MB!

**Member Market:** \_\_\_\_\_

Liaison Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Personal phone number: \_\_\_\_\_ My position in the market as of this date: \_\_\_\_\_

If the information below is different from the contact info on the Membership Application form, please fill it in. If the information is the same, leave this blank. FMAM will send all hard copy correspondence to this address.

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

***I have read the top part of this page and agree to the terms contained therein.*** (check if in agreement)

\_\_\_\_\_  
*Signature of Liaison*

\_\_\_\_\_  
*Authorizing Signature of Market & position, if nec.*  
(Please print name as well)

Liaison Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Personal phone number: \_\_\_\_\_

My position in the market as of this date: \_\_\_\_\_

The busiest time of the year for me is: \_\_\_\_\_

If this information is different from the contact info on the Membership Application form, please fill it in. If the information is the same, leave this blank. FMAM will send all hard copy correspondence to this address.

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I have read the expectations of the FMAM Liaison form and agree to the terms contained therein.

\_\_\_\_\_  
*Signature of Liaison*

\_\_\_\_\_  
*Authorizing Signature of Market & position, if nec.*  
(Please print name as well)

*Entered into FMAM database:* \_\_\_\_\_

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Liaison Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Personal phone number: \_\_\_\_\_

My position in the market as of this date: \_\_\_\_\_

The busiest time of the year for me is: \_\_\_\_\_

If this information is different from the contact info on the Membership Application form, please fill it in. If the information is the same, leave this blank. FMAM will send all correspondence to these addresses.

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I have read the expectations of the FMAM Liaison form and agree to the terms contained therein.

\_\_\_\_\_  
*Signature of Liaison*

\_\_\_\_\_  
*Authorizing Signature of Market & position, if nec.*  
(Please print name as well)

*Entered into FMAM database:* \_\_\_\_\_