

**FARMERS' MARKETS ASSOCIATION OF MANITOBA CO-OP INC.**

**MEMBERSHIP APPLICATION**

I hereby apply for membership in **Farmers' Markets Association of Manitoba Co-op Inc.**

Attached is payment of \$50.00, being the Membership Fee. I understand that this is the fee to join the Co-operative only.

I understand that I will become a member only after the Board of the Co-op approves of this membership application. I will be advised of the success of my Membership Application by writing in a timely manner.

Upon becoming a member, I agree to be bound by the Articles of Incorporation, By-laws and policies of the Co-op, as amended from time to time. I also agree to read, and become familiar, with said documents.

\_\_\_\_\_ (please print)

\_\_\_\_\_

*Name & Signature of Officer of Applicant Market & position*

\_\_\_\_\_

*Date of Application*

\_\_\_\_\_

*Full Name of Farmers' Market*

\_\_\_\_\_

*Physical Location of Market*

\_\_\_\_\_

*Market's Postal Address (see note in box to right)*

\_\_\_\_\_

*City/Town (see note in box to right)*

\_\_\_\_\_

*Postal Code (see box below)*

\_\_\_\_\_

*Market's E-mail Address(see note in box to right)*

\_\_\_\_\_

*Market's Website (see box at right)*

NB: If the market does not have its own address, please write N/A in these spaces and record the contact information of the liaison person on the FMAM Liaison form.

Is this Farmers' Market run by a Board of Directors, as part of a larger entity, as a business by one or more persons, or some other structure not listed here? (Circle one)

~~~~~Office Use Only ~~~~~

Application received on:

Membership #:

\$

Received by:

Return to: FMAM, 618 Manchester Ave., Selkirk, MB R1A 2B7 or [info@manitobafarmersmarkets.ca](mailto:info@manitobafarmersmarkets.ca) Questions: 204-485-7574