



## BC FARMERS' MARKET NUTRITION COUPON PROGRAM

### Vendor Enrollment Form

<b>Date:</b>	
<b>Name of Business:</b>	
<b>Email address:</b>	
<b>Telephone number:</b>	

Items I Sell							
Vegetables	Fruits	Meat	Fish	Eggs	Nuts	Dairy	Herbs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a vendor at this market, I will accept FMNCP coupons as per the program guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I would like to participate in the FMNCP evaluation and contribute my views on the program.

I consent to provide my email address to be contacted by the BCAFm for news about the FMNCP and vendor opportunities.