



BC ASSOCIATION OF FARMERS' MARKETS

MEMBERSHIP APPLICATION FORM - 2008

1. Apply for one: Member (voting), or

The _____ (name of Governing body)
recognizes the definition of farmers' market

“farmers’ market” means a market comprised exclusively (100%) of vendors who make, bake, grow or raise the products they sell, of which a majority of the vendors are selling farm products of British Columbia origin. These markets must be British Columbia non-profit organizations, whether incorporated or not, with at least 6 vendors, that operate for 2 or more hours per day for a minimum of 4 markets in a year; and operates a Farmers’ Market in B.C. Please indicate the names of the market locations:

Signing officer _____ Title _____

Associate (non-voting) member

I/We, _____ (person or organization)
recognize and support the definition of Farmers’ Market and qualify for associate membership.

Signed by _____ Date _____

“associate member” means individual vendors, a market whose vendors make, bake, grow or raise the products they sell but that does not otherwise qualify as a “farmers’ market”, and a business, association, institution or government agency that supports agriculture or farmers’ markets;

2. Membership fee structure

For **Member** of governing body: \$200.00 / governing body _____

For **Associate** (non-voting): \$25.00 / person or organization _____

For **Additional Locations:** (non-voting) \$50.00 / additional market _____

For **Website Listing Only:** (non member) \$50.00 / listing _____

Total _____

I/We, _____ (name of Governing body, individual or organization) certify that I/we comply the definition of a Farmer's Market and apply for membership as:
(circle one please)

1. A voting member

2. An associate member (non-voting)

Please return with cheque and member application form to:
BC Association of Farmers' Markets, c/o Dolores Gottenberg, Dee's Harbour City Farm, 454 Kennedy Street, Nanaimo, BC V9R 2J5

3. Please provide the following information for our records:

Name of market society _____

Mailing address: _____

Public contact person: _____ Title _____

Phone # _____ Fax # _____

Cell phone _____ E-mail _____

Market website: _____

Officer	Name	Phone	Email
Pres.			
V.P.			
Sec.			
Treas.			
Mkt. Mgr.			

Date of last AGM: _____

Market site/location _____

Days your market operates: _____ Hours _____

Start of season _____ End of season _____

Avg. no. vendors at market _____ No. members of society in 2007 _____

Form completed by _____ Title _____

Comments: _____

Thank you for taking the time to provide the BCAFM with this information to allow us to better communicate with you.

Office use only: Member accepted on _____

Dec. 07