



BC FARMERS' MARKET NUTRITION COUPON PROGRAM

Vendor Enrollment Form

NAME OF VENDOR

BUSINESS NAME

EMAIL

I have read the BC Farmers' Market Nutrition Coupon Program guidelines, and I agree to follow the rules for accepting FMNCP coupons.

I agree to share my contact information with the BC Farmers' Markets to receive updates and information about vendor opportunities. (Optional)

Print Name

Date

Signature



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