



BC FARMERS' MARKET NUTRITION COUPON PROGRAM

Vendor Enrollment



To accept FMNCP coupons, complete this form and return it to your market manager. Thank you for your role in building healthier communities.

NAME OF VENDOR

BUSINESS NAME

EMAIL

I have read and agree to accept BC Farmers' Market Nutrition Coupon Program coupons as per the program guidelines.

I agree to provide my contact details to the BCAFm for news about the BCAFm and vendor opportunities. *(Optional)*

Print Name

Date

Signature



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