



BC FARMERS' MARKET NUTRITION COUPON PROGRAM

Recipient Enrollment

For Record-Keeping Only.

This form is for the records of the organization giving you the coupons. Information about your household will be shared with the BC Association of Farmers' Markets (BCAFM) **anonymously** (without your name).

Coupon Recipient's Name:

About Your Household

Including yourself, how many people in your household are:

Pregnant? _____ Seniors? _____ Under 19 years old? _____

Total number of people in your household? _____

Are you or anyone in your household Indigenous? (Optional)

☐ No

☐ Yes

If yes, how many people in your household are Indigenous? _____

Agreement

- ☐ I confirm that I am eligible to participate in the BC Farmers' Market Nutrition Coupon Program and agree to follow its guidelines. I understand that the coupons are intended to support low-income households, and I will use them only for myself or my household. I acknowledge that these coupons cannot be sold, traded, or transferred.

By checking this box, I agree to the above and confirm my participation.

Signature: _____

Date: _____