

Vendor Enrollment Form

To accept BC Farmers' Market Nutrition Program (FMNCP) coupons, please fill out this form and return it to your market manager. Thank you for helping support healthier communities!

communities! 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 Association of Farmers' Markets (BCAFM) to receive updates and information about vendor opportunities. (Optional) Print Name Date Signature BC FARMERS' MARKET NUTRITION COUPON PROGRAM Vendor Enrollment Form To accept BC Farmers' Market Nutrition Program (FMNCP) coupons, please fill out this form and return it to your market manager. Thank you for helping support healthier communities! NAME OF VENDOR **BUSINESS NAME EMAIL**

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Print Name		Date		
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