



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

☐ 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



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