



Mission City Farmers Market
P.O. Box 3296
Mission, B.C. V2V 4J4

Phone: 604-302-5561
Fax: 604-820-1530

E-Mail: mission.market@gmail.com

www.missioncityfarmersmarket.com

ANNUAL MEMBERSHIP FORM

Contact Name: _____ Date: _____

Company/Organization Name: _____

Address: _____ Postal Code: _____

Phone: _____ E-mail: _____

Fax: _____ (If available). Web Site: _____

- Supporting Member
- Community Group
- Vendor : Business Name _____
(Please complete and sign form)

MEMBERSHIP FEE

Annual Membership Fee is \$15.00.

Amount enclosed (Make cheque payable to **Mission City Farmers Market**) _____

Signature: _____

INFORMATION FOR VENDORS

Vendors are required to become members of the **Mission City Farmers Market Society**. Vendors are to supply their own tables and canopy, to keep their stall and the surrounding area clean and to clean up after the Market. AT ALL OUTDOOR MARKETS, set-up begins at 8:00 a.m., and no vehicle movement is permitted in the Market area after 8:45 a.m. Vendors must remain set up for business until closing of the market at 1:00 p.m., with the exception of "Back Yard Gardeners," who may leave when they sell out their produce. Vendors are expected to pre-book, and they are also expected to pay in advance. Vendor cancellation deadline: Noon on the day before the Market. Please call 604-302-5561 to cancel and re-book the space.



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AGREEMENT: I agree to abide by the above policies of the Mission City Farmers Market Society. I also agree to accept the authority of the Board of Directors of the Market and the Market Manager appointed by the Board to manage the Market.

PRODUCT(S) FOR MARKET:

- a. I agree to offer for sale only food products that are permitted under BC Centre for Disease Control Environmental Health, which provides policy and scientific advice to the local Health Authorities and public.
- b. I agree to guarantee, and to appropriately label, all items I offer for sale.
- c. I acknowledge that the Board of Directors, the MCFM Society insurance policy, and the District of Mission accept **no liability for the goods and/or services of the vendors.**
- d. I/we have read and accept the conditions stated above.

SIGNATURE: _____

(REVISED May 15)

DATES/EVENTS TO ATTEND the Mission City Farmers Market (2010):

May 8: Mushroom Compost/Mom's Day	July 3: TBA	August 7: TBA
May 15: Water Wise Gardening	July 10: TBA	August 14: Dog Days of Summer
May 22: TBA	July 17: Children's Day	August 21: TBA
May 29: Prov. Bee Day Info./Honey Sale	July 24: Blueberry Saturday	August 28: Canning/Preserving
June 5: Wormy Saturday	July 31: BC Day at the Market	Sept. 4: TBA
June 12: Strawberry Luscious		Sept. 11: Seed Saving/Community
June 19: Cook/Garden Book Exchange		Sept. 18: Bee Day
June 26: Canada Day Celebrations		Sept. 25: Farmer Day/Celebrations

MARKET FEES:

- 1) Outdoor Stall Fee: \$15.00 _____ X _____ weeks = \$ _____
- 2) Indoor stall Fee: \$20 _____ x _____ = \$ _____
- 3) Back Yard Gardener Fee: \$5.00 _____ x _____ = \$ _____
- 4) Pre-payment for one or more markets: Subtract 10% of total amount of market fees. Pre-paid fees must be received on or before the first market attended. Total fee amount= _____

Amount Enclosed: ----- (Make cheque payable to **Mission City Farmers Market and mail to the above address**). Thank you for your support of the Market.

NOTE: Theme Day topics may be subject to weather, availability and other external factors beyond the control of the MCFM Society.