



Application Form

Prince Albert Farmer's Market is a cooperative ran by a Board of Directors. Please fill out this application for Board approval. The market runs Saturdays from 8am-1pm in City Hall Parking Lot (assigned spots) and Wednesdays 8am-1pm Central Ave between 10th and 11th Street (first come first set up). Set up is from 7am-8am. There is a \$50 yearly membership and \$10 each time you set up.

Name _____ Date _____

Address _____

City _____ Postal Code _____

Phone _____ Cell _____

Email _____

I intend to sell:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Garden Vegetables | <input type="checkbox"/> Eggs | <input type="checkbox"/> Pickles |
| <input type="checkbox"/> Potatoes | <input type="checkbox"/> Jam | <input type="checkbox"/> Bread/Buns |
| <input type="checkbox"/> Green house Vegetables | <input type="checkbox"/> Pies | <input type="checkbox"/> Dainties |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Knitting/Crochet | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Bedding Plants | <input type="checkbox"/> Meat | |
| <input type="checkbox"/> Cut Flowers | <input type="checkbox"/> Honey | |
| <input type="checkbox"/> Direct seller/home business (<i>Director Seller License is needed</i>) | | |

Other _____

I plan to attend: Wednesdays Saturdays

I plan to attend: Summer Market Winter Market On Occasion

Specific Dates _____

I hereby apply for membership in the Prince Albert Farmer's Market Cooperative and the sum of \$50 is paid herewith as an annual membership fee.

On being approved as a member I agree to be bounded by and abide by the bylaws of the cooperative association.

Signature _____ Date _____

Board of Directors Approved Denied Revoked

Signature _____ Date _____

Make cheques payable to PA Farmer's Market. Please mail application and \$50 fee to Bob Gill, 679 20th St. East, Prince Albert, Sask. S6V 1L5 or to bugs.gill@hotmail.com. If denied, membership fee will be returned.