



414 AVE B SOUTH
SASKATOON SK S7M 1M8 CANADA
PHONE: (306) 384-6262
FAX: (306) 384-4850
STOON.FARMERS.MKT@SASKTEL.NET
WWW.SASKATOONFARMERSMARKET.COM

APPLICATION FOR MEMBERSHIP

BUSINESS NAME _____

NAME _____ **TELEPHONE** _____

ADDRESS _____ **POSTAL CODE** _____

EMAIL _____ **FAX** _____

1. **Number of stalls requested at each market** _____
2. **Preferred location or special needs? Indoors** ____ **Outdoors** _____
3. **Electrical connection required? Yes** ____ **No** _____
4. **Electricity is required for light** ____ **scale** ____ **freezer** ____ **cooler** ____
other ____ **explain other?** _____
5. **Do you make, bake or grow your own product? Yes** ____ **No** ____
6. **Do you sell your product at a retail outlet, which you own or operate?**
If yes – please provide details.

7. **If you are a farmer, please provide the location and size of land farmed.**

8. **Please list the product or products you intend to sell. If you wish to add others later, they will also have to be approved.**

9. **If you are a craft person, explain your craft and how it is made?**



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10. Which season might you be selling your products?

**WINTER __ SPRING __ SUMMER __ AUTUMN __
YEAR ROUND __**

11. Which markets would interest you? Please note: These may vary from time to time, depending on the need and the decision of the membership.

**SUMMER MARKET DAYS - WEDNESDAY __ SATURDAY __
SUNDAY __
WINTER MARKET DAYS – WEDNESDAY __ SATURDAY __
SUNDAY __**

12. Is there other information which you consider important to your application? Use additional paper if necessary.

I hereby apply for membership in the Saskatoon Farmers' Market Co-operative. Enclosed is the sum of \$10.00 for Membership Fees, \$40.00 Processing Fee & \$100.00 Annual Dues - Total of \$150.00.

If accepted for membership. I agree to abide by all bylaws and regulations of the Saskatoon Farmers' Market Co-operative, and related City of Saskatoon Bylaws. I recognize that the Board of Directors has the right to inspect my operation or premises at any mutually agreeable time.

I understand that not all applications are granted space in the Saskatoon Farmers' Market and that it is the right and responsibility of the Saskatoon Farmers' Market to decide the allocation of space. I also understand that if my application is Not approved \$140.00 will be returned.

SIGNATURE _____ DATE _____



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Freedom of Information Protection

As a vendor, I give permission for business information (my name, telephone number and e-mail contact) to be used for product referrals and in vendor information directories by the Saskatoon Farmers' Market. Information and mailing lists will be protected by the Saskatoon Farmers' Market, but may be used to inform vendors of other shows and events of interest. Please indicate below how you would like information shared about your business. This section must be signed for you to be included in materials published by the Saskatoon Farmers' Market.

Signature of Vendor: _____ Personal Name: _____

Business Name: _____ Contact Telephone: _____

E-mail address: _____ Website: _____

Product Description: 25 words or less – please use additional paper, if necessary.

Type or Print Please