



2300 Bowen Road, Nanaimo  
www.IslandRootsMarket.com

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## Community Organization Application

Completed forms may be emailed or posted to the corresponding address:

**islandroots.manager@gmail.com**

**IRMC % 5234 Sherbourne Drive, Nanaimo, BC, V9T 2J8**

**Please note: Community organizations must submit this form each year**

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I am  New  Returning

Organization Name: \_\_\_\_\_

Organization Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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Primary Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check information you would like us to share on the Market website:

- Contact Name     Business Mailing Address     Business Email  
 Website     Business Phone Number



**\*\*\*Booth fee is waived for non-profit community booths**

**Membership and Agreement:**

We encourage all community organizations to become members of the co-op.. Minimum membership is one co-op share (\$10).

- Yes, I am a member of the Island Roots Market Cooperative
- I would like to become a Co-op member. Enclosed is payment of \$ \_\_\_\_\_ for \_\_\_\_\_ shares.
- I agree to become a member upon confirmation of market participation

You can also become a member on our website: [www.IslandRootsMarket.com](http://www.IslandRootsMarket.com)

**Please initial beside each statement below:**

**I agree to:**

- \_\_\_\_\_ Support the market and its vendors by meeting attendance requirements.
- \_\_\_\_\_ Notify the Market Manager of any planned absences (in abidance with market policies).
- \_\_\_\_\_ Share any concerns or suggestions with the Market Manager in the spirit of cooperation and with the intention to improve the quality of the market

**I understand that:**

- \_\_\_\_\_ Participants are required to read and sign the *Vendor Policy Guide* and all attached *Schedules* prior to attending the market.
- \_\_\_\_\_ In the event that the ownership of the business changes, it will be necessary for a new membership application to be filed by the new owner for review and approval.

**Waiver** - I agree to release, save harmless and indemnify Island Roots Market Co-operative and/or its officers and directors, employees, agents, or volunteers from and against all claims, actions, costs and expenses and demands in respect of any action or claim of any nature made by any person. Having read, understood and agreeing with the above waiver, I hereby apply for Vendor space for the current season.

Signature \_\_\_\_\_ Date \_\_\_\_\_