



MARKET MEMBERSHIP

NAME (PLEASE PRINT) _____

MAILING ADDRESS _____

PHONE _____

E-MAIL _____

DO YOU WISH TO RECEIVE THE WEEKLY MY MARKETS NEWS E-MAIL REMINDER ON THURSDAY AFTERNOONS?

YES _____ **NO (OR ALREADY RECEIVE IT)** _____

DO YOU WISH TO RECEIVE THE MARKET THYMES NEWSLETTER BY E-MAIL EACH WEEK (FRIDAY AFTERNOON)?

YES _____ **NO THANKS** _____

YOUR MEMBERSHIP IS GOOD THROUGH APRIL 30, 2012. THANK YOU FOR YOUR SUPPORT OF THE MARKET.

**BRING THIS FORM TO THE MARKET OR MAIL IT WITH PAYMENT TO: AFCM,
#1 – 31726 SOUTH FRASER WAY, ABBOTSFORD, BC, V2T 1T9**

Office Use

Start date _____

Membership fee collected _____

Card # _____