

GLOUCESTER FARMERS MARKET - COMMUNITY STALL

OPERATED BY THE GLOUCESTER PROJECT INC

SUPPLIER REGISTRATION FORM

NAME: _____

PHONE: _____

ADDRESS: _____

MOBILE: _____

EMAIL: _____

FOOD MILES: _____ Kms from Gloucester

PAYMENT: DIRECT CREDIT

<input type="checkbox"/>
<input type="checkbox"/>

OR CHEQUE

Tick one

BSB: _____

ACCOUNT NUMBER: _____

THE GLOUCESTER PROJECT MEMBER? _____ (Y/N)

SIGNED: _____

DATE: _____

RETURN COMPLETED FORM TO COMMUNITY STALL COORDINATOR

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EMAIL: terryhardwick@gmail.com