

FARMERS MARKET MEMBER STATEMENT

**NAME of
MARKET
ASSOCIATION** _____

Business Name if applicable _____

Name of Individual _____ e-mail _____

Mailing Address: _____ City _____ Zip _____

Farm Address (if different) _____ Farm Name _____

Phone: Cell _____ Day Phone _____ Fax _____
Phone _____

Others who may be selling for me _____

I expect that I will have produce or product for sale beginning _____ ending _____

I will be selling the following (use the back of this page if more space is needed):

Crop/Product	Ft/Row or Acres	Time of Year
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VEGETABLES

FRUITS

PLANTS OR FLOWERS

EGGS/POULTRY

DAIRY/CHEESE

MEAT

HONEY

NON-PRODUCE SOLD

Certified Organic _____ Certified By _____ # of Years _____

I expect to be re-selling other growers products who are members
(yes or no) _____

I expect to be re-selling other growers products who are NOT members (yes or no)

Member/Applicant

Signature

Verification of President of Association: I affirm that the above applicant has the capacity to produce the items listed, barring unforeseen circumstances and/or sells the products listed.

Signature of President

Phone

Date

County