

**FARMERS MARKET MEMBER STATEMENT 2018**

**GROWER** \_\_\_\_\_

**NAME of MARKET ASSOCIATION** \_\_\_\_\_

**NON-GROWER** \_\_\_\_\_

Business Name if applicable \_\_\_\_\_

Name of Individual \_\_\_\_\_ e-mail \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Farm Address (if different) \_\_\_\_\_ Farm Name \_\_\_\_\_

Phone: Cell Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Fax \_\_\_\_\_

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
<b>VEGETABLES</b>		

_____	_____	_____
_____	_____	_____
_____	_____	_____

**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