

FARMERS MARKET MEMBER STATEMENT 2011

GROWER _____

**NAME of
ASSOCIATION** _____

NON-GROWER _____

Name of Member _____

Mailing Address: _____ City _____ Zip _____

Farm Address (if different) _____ Farm Name _____

Phone: Home _____ Work _____ 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
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? (yes or no) _____

Signature of Market Member _____

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 _____