

Membership Application



Membership Type: (please select one)

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| <input type="checkbox"/> Farmers Market Membership Only - \$40 | <input type="checkbox"/> Individual - \$10 |
| <input type="checkbox"/> Farmers Market Membership + Insurance
- \$110 (must complete separate insurance application) | <input type="checkbox"/> Family - \$15 |
| | <input type="checkbox"/> Associate Membership - \$30 |

Contact Information: (please print clearly)

Name of Market, Business or Individual: _____

Primary Contact Name: _____
(person who will vote on behalf of market or business)

Primary Contact Title: _____
(ex. Market Manager, Board President, Administrator)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Please send me information on farmers market general liability insurance

Please send my newsletter by: email (preferred) OR US mail

Market Information: (please complete this section if applying as a market)

Physical Location: _____

Alternate Voter Name: _____

Alternate Phone #: _____ Alternate Email: _____

Number of Vendors: _____ Winter Market? Yes No

Days/Months of Operation: _____ Times of Operation: _____

Website: _____ Facebook: _____

Twitter: _____ Market Email: _____

Individual Information: (please complete this section if applying as an individual or family)

How many markets do you attend? _____

Please list any/all products that you sell:

If you have any questions about membership, please contact Brad Gray at (417) 708-1909. Please sign and date the application below, include a check payable to Missouri Farmers Market Association, and mail your completed application(s) to Brad Gray, Treasurer: 710 Hickory Street, Mt. Vernon, MO 65712.

Signature

Date

Visit us on-line at missourifarmersmarkets.org