

APPLICATION: ROCKLAND FARMERS' MARKET

Membership Year _____ Date Applied _____

Are you applying for (please circle) (1) full time (May-Oct) (2) part time (4 consecutive weeks)

NAME _____

BUSINESS NAME _____

ADDRESS _____

PHONE # _____ EMAIL _____

WEB _____

This Market tries to provide/offer a competitive balance of products to our customers. If some of your products are acceptable but some are not, do you still wish to be considered for membership? Y___ N___

If you are applying for full time membership and that is not available, do you wish to be considered for part time? Y___ N___

Fees: New full time applicants: \$50.00 deposit is required with this application. Upon acceptance your deposit will be applied to the yearly fee. If your application is not accepted, the deposit will be refunded. BALANCE OF ALL MEMBERSHIP FEES ARE DUE BY APRIL FIRST.

Fees: Seasonal / Temporary will be \$40-60 (per annual setting of fees) and are payable with application.

Payment with this application: New applicants: non-refundable \$5 application fee by separate check + membership deposit \$50. Total: \$55.

A copy of your liability insurance and copies of all applicable state licenses must be given to the Market. Secretary before the first Market date of the year.

I agree to abide by the guidelines of the Rockland Farmers' Market Association. I will make every effort to attend the Market every Thursday morning, 9 am - 1 pm from (dates) _____ until _____

SIGNATURE _____

On reverse side - list all products you are applying to bring. Also list, separately, all products you "buy in" and your source.