

FOR OFFICE USE ONLY	
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CHECK #	
DATE	

APPLICATION FOR RENEWING MEMBERSHIP - 2024

1. What's your name and contact information?		
Name		
Farm/Business Name		
Mailing Address		
Town & Zip Code		
Phone		
Email Address		
Unless you request otherwise, all correspondence concer	ning the Market will be done through email.	
2. When will you be attending? □ May 25 □ June □ July □ A	ug □Sept □Oct 5 □Oct 12 □Oct 19 □0	Oct 26
3. What products are you planning to sell in 2024? Please pro	vide a detailed list.	
4. What NEW items do you want to offer in 2024? (to be approved by the Steering Committee)		
 5. When you send your application, please also include \$40 annual membership fee. \$140 booth fee, if paid by November 1. (Note: Membership Fee + A copy of your MOFGA Organic certificate for items you will sell 		
6. By signing this application you agree to have <u>read</u> and will certify that you have the appropriate and up-to-date <u>state li</u>		d
Signature	Date	

7. Mail this form with payment by November 1: Blue Hill Farmers' Market, PO Box 535, Blue Hill, ME 04614