

APPLICATION FOR RENEWING MEMBERSHIP - 2017

1. What's your name and contact information?						
Name						
Farm/Business Name						
Address	Town	Zip				
Phone	Email					
Unless you request otherwise, all corresp	oondence concer	ning the	Market	will be d	one thru	email
2. When will you be attending?	Opening Day	June	July	Aug	Sept	Oct
3. What products are you plannir	ng to sell in 2017	7? Pleas	se prov	ide a c	letailed	l list.
4. What NEW items do your want	to offer in 2017:	2				
(to be approved by the Steering Comn		•				
5. When you send your applicationA copy of your MOFGA Organic certification	•			nic.		
A copy of your liability insurance.\$40 annual membership fee.	·		J			
6. By signing this application you rules and by-laws.	agree to have	read a	nd abi	de by t	he Mar	ket
Signature				Date		