

MISSOURI FARMERS MARKET ASSOCIATION

Application for Membership

Membership Type: (please select one)

- | | |
|---|--|
| <input type="checkbox"/> Farmers Market Membership Only - \$40 | <input type="checkbox"/> Individual - \$10 |
| <input type="checkbox"/> Farmers Market Membership + Insurance - \$110
must submit Farm Bureau paperwork by March 15! | <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 Code _____

Phone Number: _____ Email: _____

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

Physical Location of Market: _____

Alternate Voter Name: _____

Alt. Phone Number: _____ Alt. Email: _____

Number of Vendors: _____ Winter Market? Yes No

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

Website: _____

Market Email: _____

Please sign and date the application below, include a check payable to Missouri Farmers Market Association, and mail your completed application(s) to: **MFMA – Amanda Griesheimer, 323 W Main Street, Washington, MO 63090**

Signature

Date

