

Portland Farmers' Market Association

Application for Membership for 20__
New Applicant Form

Your Name(s) _____
Farm Name _____
Address _____ Town _____
Zip _____ Phone _____ Email _____
[] Do not publish email address in market literature
Website _____

If returning member: Date farm joined Portland Farmers' Market _____

Please put a "1" for your products, and a "B" for products you buy in. If you are a returning member, indicate new products with an asterisk.

Farm Products:

- | | |
|---|--|
| <input type="checkbox"/> Mixed Vegetables & Herbs | <input type="checkbox"/> Veggie and Herb Seedlings |
| <input type="checkbox"/> Dairy/Milk | <input type="checkbox"/> Flower Seedlings |
| <input type="checkbox"/> Dairy/Cheese/Yogurt | <input type="checkbox"/> Hanging Baskets |
| <input type="checkbox"/> Apples | <input type="checkbox"/> Chicken |
| <input type="checkbox"/> Other Tree Fruit | <input type="checkbox"/> Turkey |
|
 | |
| <input type="checkbox"/> Strawberries | <input type="checkbox"/> Beef |
| <input type="checkbox"/> Raspberries | <input type="checkbox"/> Pork |
| <input type="checkbox"/> Blueberries | <input type="checkbox"/> Lamb |
| <input type="checkbox"/> Cut Flowers | <input type="checkbox"/> Venison |
| <input type="checkbox"/> Dried Flowers | <input type="checkbox"/> Buffalo |
| <input type="checkbox"/> Maple Products | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Honey | <input type="checkbox"/> Other (be specific) |

Please list other current markets for your products:

*If your business requires licensing, please attach a copy of your current license(s), or if you are certified organic please attach your organic certificate. *Please also attach a copy of your proof of insurance.

New applicants: Please describe your farm in a couple sentences:

Circle days and months you expect to attend:

<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>Sept</u>	<u>October</u>	<u>Nov</u>	<u>Winter Market</u>
Wed	Wed	Wed	Wed	Wed	Wed	Wed	Wed	
Sat	Sat	Sat	Sat	Sat	Sat	Sat	Sat	

Signature _____ **Date** _____ (Your signature indicates your agreement to abide by the by-laws and rules of the Portland Farmers Market)

New applicant deadline is January 30th. Please send application to the Market Membership Coordinator:
Cindy Creps 316 Back St. Hebron, ME 04238

For market use: Payment rec'd _____ Date _____ Check# _____ Licenses provided (please list)? _____
