

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[] Do not publish email address in market literature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:

___ Mixed Vegetables & Herbs

___ Veggie and Herb Seedlings

___ Dairy/Milk

___ Flower Seedlings

___ Dairy/Cheese/Yogurt

___ Hanging Baskets

___ Apples

___ Chicken

___ Other Tree Fruit

___ Turkey

Please list other current markets for
your products:

___ Strawberries

___ Beef

___ Raspberries

___ Pork

___ Blueberries

___ Lamb

___ Cut Flowers

___ Venison

___ Dried Flowers

___ Buffalo

___ Maple Products

___ Eggs

___ Honey

___ Other (be specific)

*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:

April

May

June

July

August

Sept

October

Nov

Winter Market

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 310 Back St. Hebron, ME 04238

For market use:

Payment rec'd _____ Date _____ Check# _____ Licenses provided (please list)? _____