

ORONO FARMERS' MARKET

Application for Membership
for 20_____



This application is available for download from www.OronoFarmersMarket.org

Your Name(s) _____

Farm Name _____

Address _____ Town _____

Zip _____ Phone _____ Email _____

[] Do not publish my email address in market literature.

Website _____

Please put a "1" for your primary products and a "2" for your secondary products. Your application will be accepted based on your primary products. Your secondary products should be minor. Any changes must be approved by the Market. If you are a returning member, indicate new products with an asterisk.

Farm Products

- | | |
|--------------------------------|-------------------------------|
| _____ Mixed Vegetables & Herbs | _____ Veggie & Herb Seedlings |
| _____ Sweet Corn | _____ Flower Seedlings |
| _____ Potatoes | _____ Hanging Baskets |
| _____ Apples | _____ Chicken |
| _____ Other Tree Fruit | _____ Turkey |
| _____ Strawberries | _____ Beef |
| _____ Raspberries | _____ Pork |
| _____ Blueberries | _____ Lamb |
| _____ Cut Flowers | _____ Fish/Seafood |
| _____ Dried Flowers | _____ Eggs |
| _____ Maple Products | _____ Dairy |
| _____ Honey | _____ Other (be specific) |

Processed Products

- _____ Baked Goods
- _____ Jams, Jellies, Relishes
- _____ Cider
- _____ Cheese
- _____ Other (be specific)

Other Markets for your Products

- _____ Wholesale
- _____ Farm Stand
- _____ CSA/Senior Farm Share
- _____ Farmers Markets (list)

Please provide as comprehensive a description of your farm or processed products as possible. Include acreage and emphasis of your garden products, and volumes and types of processed products.

Are you Certified Organic? _____ No; _____ Yes (include a copy of your most recent certification.)

Help us determine how many members will be at Market through the season. Circle days and months you expect to attend.

- | | | | | |
|-------------|---------------|------------------|-----------------|-----------------------|
| <u>May</u> | <u>July</u> | <u>September</u> | <u>November</u> | <u>Winter Markets</u> |
| Saturday | Tues. Sat. | Tues. Sat. | Saturday | December • January |
| | | | | February • March |
| <u>June</u> | <u>August</u> | <u>October</u> | | April |
| Saturday | Tues. Sat. | Tues. Sat. | | |

Signature _____ Date _____

(Your signature indicates your agreement to abide by the by-laws and rules of the Orono Farmers' Market.)

Please draw a map to your farm on the back of this sheet. Use back or attach an extra page if you need more space for your farm description. If your business requires licensing, attach a photocopy of your current license(s).

New applicant deadline is March 1, send application and \$35 dues to: Clayton Carter, 582 Old County Rd, Etna ME 04434, ph. 951-5953.

Returning members bring applications and \$35 dues to the Annual Meeting on the second Saturday in January, after market.

For market use: Payment Rec'd _____ Date _____ Check # _____ Licenses provided? _____
--