

Pittsfield Farmers' Market

Application for Membership

— for the 200__ Season —

Note: Read the "Market Rules" first.

Your Name _____

Farm Name _____

Address _____

Town _____ Zip _____ Phone _____

Email? _____ Website? _____

Please give us an idea of what you plan to bring to market: Y=Definitely, primary crop; M=Maybe, minor crop

<input type="checkbox"/> Mixed Vegetables	<input type="checkbox"/> Vegetable Seedlings	<input type="checkbox"/> Herbs
<input type="checkbox"/> Sweet Corn	<input type="checkbox"/> Flower Seedlings	<input type="checkbox"/> Herbal Products, teas, etc.
<input type="checkbox"/> Potatoes	<input type="checkbox"/> Hanging baskets	<input type="checkbox"/> Eggs
<input type="checkbox"/> Apples	<input type="checkbox"/> Cut Flowers	<input type="checkbox"/> Lamb
<input type="checkbox"/> Other Tree Fruits	<input type="checkbox"/> Annuals	<input type="checkbox"/> Chicken
<input type="checkbox"/> Cider	<input type="checkbox"/> Perennials	<input type="checkbox"/> Turkey
<input type="checkbox"/> Strawberries	<input type="checkbox"/> Dried Flowers	<input type="checkbox"/> Beef
<input type="checkbox"/> Raspberries	<input type="checkbox"/> Baked Goods	<input type="checkbox"/> Pork
<input type="checkbox"/> Blueberries	<input type="checkbox"/> Jams, Jellies, Relishes, etc	<input type="checkbox"/> Goat Products
<input type="checkbox"/> Honey	<input type="checkbox"/> Dairy (cow)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Seeds	<input type="checkbox"/> Maple Products	_____
_____	_____	_____

Help us determine how many members will be at market throughout the season. Circle the days in each season you expect to be coming to market. *This is not a commitment—just an indication of when you expect to be attending.*

	<u>2-6pm</u>	<u>2-6pm</u>		<u>2-6pm</u>	<u>2-6pm</u>
Early May	Mon.	Thur.	Early Aug	Mon.	Thur.
Late May	Mon.	Thur.	Late Aug	Mon.	Thur.
Early June	Mon.	Thur.	Early Sept	Mon.	Thur.
Late June	Mon.	Thur.	Late Sept	Mon.	Thur.
Early July	Mon.	Thur.	Early Oct	Mon.	Thur.
Late July	Mon.	Thur.	Late Oct.	Mon.	Thur.

Agreement:

I have read and agree to abide by the rules of the market, as enumerated in the enclosed rules sheet. I realize that failure to do so may result in revocation of membership and attendance priviledges.

Signature _____

Date _____

Send Annual Dues payment (\$25) to the Market Treasurer Tom Roberts, 3645 Snakeroot Rd, Pittsfield ME 04967. If paying by check, make check payable to "Pittsfield Farmers' Market".

• *Draw a map to your farm on the back of this application.*

• *Include a brief description (25-100 words) of your operation and/or wares to be used to promote your farm and the market in our brochure and website.*

A copy of this application and the Market Rules are downloadable from our website at <http://www.pittsfieldfarmersmarket.org>

(For treasurer's use:)

Annual Dues Paid (amt) _____ Cash? _____ CheckNo? _____

Paid by: _____ Date: _____