

FARMERS MARKET MEMBER STATEMENT 2017

Name of Market Association: Jasper Farmers Market Association

Name of Member: _____ Email _____

Mailing Address _____ City _____ Zip _____

Farm Address (if Different) _____ City _____ Zip _____

Farm Name _____ Phone:(Home) _____

Work Phone: _____ Cell Phone: _____ FAX _____

I expect that I will have produce or product for sale beginning _____ Ending _____

I will be selling the following (use the back of Page if more space is needed).

Crop/Product

VEGETABLES / FRUITS:

PLANTS / FLOWERS:

EGGS / POULTRY: _____

Frozen MEAT: _____

HONEY: _____

CRAFTS / SEWING: _____

CANNED GOODS: _____

BAKERY ITEMS: _____

OTHER / MISC. (describe): _____

Member/Applicant _____ **date** _____

Signature

date