

# Belfast Farmers' Market

Application for Continuing Membership  
20\_\_ Season

**Name(s):**

**Farm or Business Name:**

**Mailing Address:**

**E-mail address / Phone:**

**Intended crops / products-***Please be specific. List everything you might bring as well as what you know you will have.*

**Specify any changes from previous season:**

**Intended attendance:** *Please indicate months and days you intend to be present at the market*

May\_\_ June\_\_ July\_\_ August\_\_ September\_\_ October\_\_ November\_\_ December\_\_  
January\_\_ February\_\_ March\_\_ April\_\_

**I have read and understand the Belfast Farmers' Market by-laws and market guidelines. I agree to abide by the rules, conditions, and decisions of the Belfast Farmers' Market.**

**Signature:**

**Date:**

**Please return this application to the president or the Secretary prior to the annual meeting**