

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__

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 prior to the annual meeting