

# Belfast Farmers' Market

## Application for New Membership 2009 Season

Name(s)

Farm or business name

Mailing address

Phone

Email

Street and Town (if different than above)

**Products** - Please use space on other side. Include a brief description of your business and list everything you intend to sell, indicate if primary or secondary product.

**Intended participation** - Circle appropriate information.

May June July August September October November

**Years in Business**

**Marketing Outlets** - Use other side if needed.

Farmer's Markets

Market Master

Other, such as farm stand, coop, csa, wholesale, etc.

References - Please list two (non-family) with phone numbers.

I have read and understand the Belfast Farmer's Market By-laws and Market Guidelines. I understand that this application will be subject to a vote of the membership of said Market in accordance with afore mentioned By-Laws. By signing this application I agree that, if accepted as a member, I will abide by the rules, conditions, and decisions of the Market.

Date

Signature

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Vote

Date Notified

Dues Recieved

**Products**

Brief Description of business

List Primary Products

List Secondary Products

Additional Marketing Outlets (continued from page 1.)