

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

**Belfast Farmers' Market**  
**Application for Continuing Membership**  
**20\_\_ Season**

**Name(s)**

**Farm or Business Name**

**Mailing Address** (please also include physical address if different than mailing)

**Phone**

**Email**

**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**

**Applying to the Belfast Farmers' Market for the**

- Outdoor/Summer, full season (May-October)
- Indoor/Winter, full season (November-April)
- Outdoor/Summer, seasonal, start date: \_\_\_\_\_ end date: \_\_\_\_\_
- Indoor/Winter, seasonal, start date: \_\_\_\_\_ end date: \_\_\_\_\_

**Contributions to market management**

This market is organized and operated by its membership. Please write below if you have any specific areas of interest or skills you hope to contribute to the market organization.

I have read and understand the Belfast Farmers' Market By-laws, Guidelines and Policies. I agree to abide by the rules, conditions, and decisions of the Belfast Farmers' Market.

Signature \_\_\_\_\_ Date \_\_\_\_\_