

Application: Rockland Farmers Market

Membership Year: _____ Date Applied: : _____

Which membership status are you applying for? Please circle

Full Time

Part Time (four consecutive weeks)

Part Time (seasonal)

Name: _____

Business Name: _____

Address: _____

Phone Number: _____

Email: _____

Website: _____

This Market tries to provide/offer a competitive balance of products to our customers. If some of your products are acceptable but some are not, do you still wish to be considered for membership? Y___ N___

If you are applying for full time membership and that is not available, do you wish to be considered for part time? Y___ N___

Are you applying for a membership to sell Speciality Food Products as defined by our guidelines? Y___ N___

Fees: All new applicants: A non-refundable \$5 application fee paid by separate check

New Full time applicants: \$50.00 deposit is required with this application. Upon acceptance your deposit will be applied to the yearly fee. If your application is not accepted, the deposit will be refunded.

New Part Time/ Seasonal: \$40-60 (per annual setting of fees) and are payable with application.

\$5 Application Fee + \$50 Membership deposit = \$55 total BALANCE OF ALL MEMBERSHIP FEES ARE DUE BY APRIL FIRST.

A presentation by new applicants and interview with the membership is REQUIRED and is always the third Thursday in February. A copy of your liability insurance and copies of all applicable state licenses must be given to the Market. Secretary before the first Market date of the year. I have read and agree to abide by the guidelines of the Rockland Farmers' Market Association. I will make every effort to attend the Market every Thursday morning, 9 am – 1:00 pm from (dates) _____ until _____.

Signature: _____

On the reverse side: 1. Please list all products you are applying to bring. 2. Separately, all products you "buy in" and your source. 3. Please also list other farmers' markets you participate in or other sales outlets.