

APPLICATION: ROCKLAND FARMERS' MARKET

Membership Year \_\_\_\_\_ Date Applied \_\_\_\_\_

Are you applying for (please circle) (1) full time (May-Oct) (2) part time (4 consecutive weeks)

NAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

WEB \_\_\_\_\_

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\_\_\_

Fees: 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. BALANCE OF ALL MEMBERSHIP FEES ARE DUE BY APRIL FIRST.

Fees: Seasonal / Temporary will be \$40-60 (per annual setting of fees) and are payable with application.

Payment with this application: New applicants: non-refundable \$5 application fee by **separate check** + membership deposit \$50. Total: \$55.

**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 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 – 12:30 pm from**  
(dates)

\_\_\_\_\_ until \_\_\_\_\_

SIGNATURE \_\_\_\_\_

On reverse side - list all products you are applying to bring. Also list, separately, all products you "buy in" and your source. Please also list other farmers' markets you participate in, or other outlets.