

# Skowhegan Farmers' Market

Application for Membership for year 20\_\_\_\_\_

Your Name \_\_\_\_\_

Farm/Business Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Please indicate the products you plan to bring to the Skowhegan Farmers' Market using the following code:  
 Y= Definitely, primary crop; M= Maybe, minor crop; N= New Product; B=Buy-in. Please mark all that apply.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Mixed Vegetables  | <input type="checkbox"/> Vegetable Seedlings              | <input type="checkbox"/> Dairy (cow)    |
| <input type="checkbox"/> Sweet Corn        | <input type="checkbox"/> Flower Seedlings                 | <input type="checkbox"/> Herbs          |
| <input type="checkbox"/> Potatoes          | <input type="checkbox"/> Hanging Baskets                  | <input type="checkbox"/> Maple Products |
| <input type="checkbox"/> Apples            | <input type="checkbox"/> Cut Flowers                      | <input type="checkbox"/> Eggs           |
| <input type="checkbox"/> Other Tree Fruits | <input type="checkbox"/> Annuals                          | <input type="checkbox"/> Lamb           |
| <input type="checkbox"/> Cider             | <input type="checkbox"/> Perennials                       | <input type="checkbox"/> Chicken        |
| <input type="checkbox"/> Strawberries      | <input type="checkbox"/> Dried Flowers                    | <input type="checkbox"/> Turkey         |
| <input type="checkbox"/> Raspberries       | <input type="checkbox"/> Baked Goods                      | <input type="checkbox"/> Beef           |
| <input type="checkbox"/> Blueberries       | <input type="checkbox"/> Jams, Jellies,<br>Relishes, etc. | <input type="checkbox"/> Pork           |
| <input type="checkbox"/> Honey             |   | <input type="checkbox"/> Goat Products  |
| _____                                      | _____   | <input type="checkbox"/> Other _____    |

\*\*Are you Certified Organic? No \_\_\_\_\_ Yes \_\_\_\_\_ (Include a copy of most recent certification)

\*\*What is the best way to communicate with you about the market? \_\_\_\_\_

\*\*If you will not be staffing your market booth who will be? \_\_\_\_\_

\*\*This market is volunteer powered! What would you be willing to offer to help the market run (include any special skills!)?

\*\*Circle which days you plan to attend market: **Wednesday 2-6 (June-Oct) Saturday 9-1**

Help us determine how many members will be coming to the market throughout the season. Circle the seasons you expect to be attending.

- |                 |                |               |              |
|-----------------|----------------|---------------|--------------|
| May             | Early June     | Late June     |              |
| Early July      | Late July      | Early August  | Late August  |
| Early September | Late September | Early October | Late October |
| November        | December       | January       | February     |
| March           | April          |               |              |

**Agreement:**

I have read and agree to abide by the rules of the market as stated in the enclosed regulations sheet. I realize that failure to do so may result in revocation of membership and attendance privileges.

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

Please draw a map to your farm on the back of this application. Also, write a brief description (less than 50 words) of your operation and/or goods for use in promotional materials.

NOTE: Please enclose copies of all appropriate licenses and permits for your operation.

**Return Completed Application to:** Sarah Smith, 41 Grassland Lane, Skowhegan, ME 04976  
**By February 28, 2011**