

FARMERS MARKET MEMBER STATEMENT 2018

GROWER _____

NAME of MARKET

ASSOCIATION • Victoria Farmers' Market / Cuero Downtown Farmers Market Days **NON-GROWER** _____

Business Name if applicable _____

Name of Individual _____ e-mail _____

Mailing Address: _____ City _____ Zip _____

Farm Address (if different) _____ Farm Name _____

Phone: Cell Phone _____ Day Phone _____ Fax _____

Others who may be selling for me _____

I expect that I will have produce or product for sale beginning _____ ending _____

I will be selling the following (use the back of this page if more space is needed):

Crop/Product	Ft/Row or Acres	Time of Year
VEGETABLES		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
FRUITS		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
PLANTS OR FLOWERS		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
EGGS/POULTRY		

DAIRY/CHEESE		

MEAT		

HONEY		

NON-PRODUCE SOLD		

Certified Organic _____ Certified By _____ # of Years _____

I expect to be re-selling other growers products who are members (yes or no) _____

I expect to be re-selling other growers products who are NOT members (yes or no) _____

Member/Applicant Signature _____

Verification of President of Association: I affirm that the above applicant has the capacity to produce the items listed, barring unforeseen circumstances and/or sells the products listed.

Signature of President Phone Date County