

GOLDEN SPREAD FARMERS MARKET ASSOCIATION  
APPLICATION FOR MEMBERSHIP-2019

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

(Street, Box Number, City, State, Zip) **E – MAIL:** \_\_\_\_\_

PLEASE ANSWER ALL QUESTIONS BELOW AS CAREFULLY AND COMPLETELY AS POSSIBLE

1. List all varieties of produce you grow to sell: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I agree to allow a member of the Board of Directors or their representative to inspect my farm to assure all produce is homegrown.

3. The market liability insurance only covers bodily injury to customers on the market property. I agree to be completely responsible for any product liability or damage to my property.

4. I have read and understand the rules and regulations of the GOLDEN SPREAD FARMER'S MARKET and agree to be bound by them. By my signature below, I acknowledge receipt of a copy of said rules and regulations.

The information above is true to the best of my knowledge. I will accept liability for a misrepresentation on my part or that of my agents.

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

\$100.00 Membership fee paid \_\_\_\_\_

I acknowledge that this fee provides me with a provisional membership only until approved by the Board of Directors. If my application is not approved my fee will be refunded.

DRAW A MAP OF THE LOCATION OF YOUR FARM ON THE BACK PLEASE.