

**Mountain Fresh Produce Association  
2009 Membership Application**

*Applications must be received by August 1, 2009 to be considered for membership during the 2009 market season.*

Name(s) \_\_\_\_\_

Farm or Business Name (optional) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

**Please check the items you would like to market through Mountain Fresh:**

- |                                     |   |                                      |   |
|-------------------------------------|---|--------------------------------------|---|
| <input type="checkbox"/> Vegetables | <input type="checkbox"/> Berries                    | <input type="checkbox"/> Maple Syrup | <input type="checkbox"/> Jams/Jellies               |
| <input type="checkbox"/> Fruits     | <input type="checkbox"/> Plants                     | <input type="checkbox"/> Honey       | <input type="checkbox"/> Baked Goods                |
| <input type="checkbox"/> Herbs      | <input type="checkbox"/> Cut Flowers                | <input type="checkbox"/> Crafts      | <input type="checkbox"/> Personal Care (Soap, etc.) |
| <input type="checkbox"/> Eggs       | <input type="checkbox"/> Other: (please list) _____ |                                      |   |

| <u>Item</u>  | <u>Payment Options</u> |              |              |
|--|------------------------|--------------|--------------|
|  | <u>Adult</u>           | <u>Youth</u> | <u>Total</u> |
| _____ Membership Fee (before June 1, 2009) .....                         | \$50                   | \$25         | _____        |
| _____ Late Membership Fee (June 1 – August 1, 2009).....                 | \$60                   | \$30         | _____        |
| _____ Pre pay Oakland Market Season (in lieu of daily market fees) ..... | \$100                  | \$50         | _____        |
|  | <i>(per space)</i>     |              |              |
| <b>Total Paid:</b> .....   |                        |              | _____        |

Please make checks payable to: **Mountain Fresh Produce Association**  
c/o Garrett County Extension Office  
1916 MD Hwy, Suite A  
Oakland, MD 21550

\_\_\_\_\_ I would like to request a **reserved space(s)**. I understand fresh produce vendors will receive priority as mandated by the Maryland Department of Agriculture. If selected, I will pay the additional \$20 fee per space for reserved space(s). *(Application, membership & pre pay season fees for all requested space(s) must be received by May 15 to be eligible. Reserved spaces will be distributed at the discretion of the board.)*

| <b>Member Commitment:</b>   |             |
|---|-------------|
| <i>I have read and understand the rules and regulations of the Mountain Fresh Produce Association and I agree to abide by these rules and regulations at all times if I am approved to sell at the Mountain Fresh Markets. The information above is true to the best of my knowledge.</i> |             |
| _____   | _____       |
| <i>Signature</i>  | <i>Date</i> |

# Mt. Fresh Produce Association Website Listing Form

If you **do not** want your information listed on the Internet, **do not** complete this form. **Only** complete the information you would like to see on our web page. Leave the other parts blank. If you do not complete this form, your information **will not** be on the website.

## General Information

Farm Name: \_\_\_\_\_

Farmers' Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Farm Address (if different): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

## Farmers Market Activities

**Check** the farmers markets you plan to attend and **circle** the months you will attend:

\_\_\_\_\_ Wednesdays in Oakland: June – July – August – September – October

\_\_\_\_\_ Saturdays in Oakland: June – July – August – September – October

\_\_\_\_\_ Other: \_\_\_\_\_ May – June – July – August – September – October

\_\_\_\_\_ Other: \_\_\_\_\_ May – June – July – August – September – October

Items you sell at the Farmers Markets: (circle all that apply)

Produce: Vegetables Fruits Berries Herbs Eggs

Homemade: Baked Goods Jams/Jellies Gift Baskets Crafts/Personal Care: \_\_\_\_\_

Plants: Cut Flowers Live Plants

Misc: Maple Syrup Honey Corn Shocks Gourds Decorative Pumpkins

Other: \_\_\_\_\_

## On-Farm Activities

Are visitors welcome to tour your farm? Yes No

If yes, what is the schedule or how to make reservations: \_\_\_\_\_

Do you have an on-farm stand where you sell products? Yes No

If yes, Days/Dates Open: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Items sold: \_\_\_\_\_ Same as at Farmers Market \_\_\_\_\_ Others: \_\_\_\_\_

Directions to your farm: \_\_\_\_\_

**Other Information** – Can include brief farm history, bulk ordering information, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_