

**Mountain Fresh Produce Association
2017 Membership Application**

*Applications must be received by **May 1, 2017** to be considered for membership during the 2017 market season.*

Name(s) _____

Farm or Business Name (optional) _____

Mailing Address _____
Addr City St Zip

Phone (daytime) _____ (evening) _____

Email Address *(only give it to us if you wish to use it for communications)* _____

#	Item	Payment Options		
		Adult	Youth	Total
_____	Membership Fee (before May 1, 2017).....	\$50.....	\$25	_____
_____	Pre pay Oakland Market Season (in lieu of daily market fees*)	\$125.....	\$65	_____
	<i>*Daily market fees are \$15/day for adult vendors, \$10/day for youth (per space)</i>			
	Total Paid:			_____

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

Reserved Spaces:

_____ I would like to request a **reserved space(s)**. **PLEASE READ:** 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 1 to be eligible. Reserved spaces will be distributed at the discretion of the board.) DO NOT send reserved space fee with application.*

Member Commitment:

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.

Signature

Date

Remember to complete the back....



2017 Product Plan:

Vegetables (Please List): _____

Berries (Please List): _____

Maple Syrup Products (Please List): _____

Jams/Jellies/Jarred Products (Please List): _____

Fruits (Please List): _____

Plants (Please List): _____

Honey Products (Please List): _____

Baked Goods/Candies (Please List): _____

Herbs (Please List): _____

Cut Flowers (Please List): _____

Crafts (Please List): _____

Personal Care (Soap, lotion, etc.) (Please List): _____

Eggs (Please List): _____

Meats (Please List): _____

Specialty/Other (Please List): _____

Market Attendance Plan:

I plan on attending the following days/dates: _____Wednesdays _____Saturdays

_____June _____July _____August _____September _____October