

**Mountain Fresh Produce Association
2018 Membership Application**

*Applications must be received by **May 1, 2018** to be considered for membership during the 2018 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, 2018).....	\$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....



2018 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