

MEMBERSHIP APPLICATION
EAU CLAIRE FARMER'S MARKET
EAU CLAIRE, WI – Oakwood Mall

PLEASE PRINT INFORMATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELL PHONE: _____

EMAIL: _____

PLEASE FILL OUT THIS FORM COMPLETELY AND ACCURATELY TO INSURE YOUR ABILITY TO SELL. IF YOU DO NOT LIST THE FIELD ON THIS FORM, YOU MAY NOT SELL ANY PRODUCE GROWN FROM THERE.

DIRECTIONS TO FARM AND EACH FIELD: _____

PRODUCE TO BE GROWN AND SOLD: _____

WILL YOU BE SELLING JUNE THROUGH OCTOBER? YES: _____ NO: _____

IF NOT, WHAT MONTHS ARE YOU GOING TO SELL? : _____

PLEASE CHECK WHAT DAYS OF THE MARKET YOU WILL BE SELLING:

TUESDAY ONLY: _____ (ONE DAY PER WEEK \$100.00)

SATURDAY ONLY: _____ (ONE DAY PER WEEK \$150.00)

TUESDAY AND SATURDAY: _____ (BOTH MARKET DAYS \$200.00)

ASSOCIATION FEE IS \$35.00

REMEMBER: ALL PRODUCE LISTED ON THIS FORM MUST BE PRODUCED ON THE PROPERTY LISTED ABOVE IN ORDER TO BE SOLD AT THE EAU CLAIRE FARMER'S MARKET. SELLING PRIVILEGES AT THE EAU CLAIRE FARMERS MARKET ARE EXTENDED TO BONA FIDE PRODUCERS WHO BECOME MEMBERS OF THE EAU CLAIRE FARMERS MARKET ASSOCIATION FOR THE SALE OF THEIR PRODUCE WHICH THEY HAVE GROWN THEMSELVES. IF YOU BUY A PRODUCT RESALE TO RESELL AT OUR MARKET, YOUR SELLING RIGHTS WILL BE CANCELLED FOR A PERIOD OF TIME DETERMINED BY THE BOARD OF DIRECTORS. ANY EXCEPTIONS WILL HAVE TO BE APPROVED BY THE EXECUTIVE BOARD.

I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS OF THE EAU CLAIRE FARMERS MARKET. I AGREE TO ABIDE BY SAID RULES AND AGREE TO CROP INSEPCION BY THE EAU CLAIRE FARMERS MARKET.

APPLICANT SIGNATURE: _____ Date: _____

CO-APPLICAT SIGNATURE: _____ Date: _____

SEND FORM WITH PAYMENT TO:

MARLYS KRUGER
E1470 KRUGER ROAD
ELEVA, WI 54738



REV 1 MARCH 2010