

Membership Application

First and Last Name:	
Company or Organization N	lame:
Address:	
	Email:
Any medical issues we show	uld be aware of:
What type of products will y	ou be selling?
Membership Fee:☐ \$50 @ Paid by: ☐ Cash ☐ Debi	AGM \$75 after AGM till August 31 t/Credit Card
Please initial by each statem	ent to indicate you have read and will abide by the following:
accordance wit	Rules & Guidelines, the Code of Conduct, and will abide by them in the FSJ Farmers' Market Assoc. bylaws, including committing to selling n. (Please note that holidays and special events DOES NOT count commitment.)
	produce, or grow all the items I will be selling and have all documents y product, I will ensure copies of these documents are given to the er.
	at any advertising done by the FSJ Farmers' Market is done for the not individual vendors. Vendors are expected to tag and share Facebook posts.
before the Satu	at I can contact the Market Manager by text the Monday or Tuesday urday market by text message from 9am – 6pm to book a spot and I must e fee before receiving my assigned spot and setting up.
_	not guaranteed a spot until you receive confirmation from the are not guaranteed to have an inside spot.
* Outside vendors are requal a minimum of 30 lbs. weigh	uired to provide their own table(s), chair(s), and/or 10' x10' tents with ht for each tent leg.
Signature:	Date:

Please ensure your email address is correct and is printed so you receive all notices regarding any information, minutes, and announcements from the FSJ Farmers' Market.