



MEMBERSHIP ANTIGO FARMERS MARKET, INC.

Application for Membership for the 2024 Antigo Farmers Market

Name _____

Address _____

City, State, Zip _____

Telephone _____

Email Address _____

Please make check payable to: Antigo Farmers Market, Inc., and turn in at the Manager's Table at the market or mail to Antigo Farmers Market, P.O. Box 252, Antigo WI 54409.

Membership in the Antigo Farmers Market, Inc., assures you a voice and voting rights in the policies and operations of the market. Membership fee is \$20 per season.