



## MEMBERSHIP ANTIGO FARMERS MARKET, INC.

### *Application for Membership for the 2025 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.