



Jackson County Growers' Association
 PO Box 47
 Marianna, FL 32447

Membership Information Form 2018

Member Name _____
 (Please print clearly)

Mailing Address _____

City _____ State ____ Zip ____

Farm Address _____
 (if different)

City _____ State ____ Zip ____

Phone # (Best) _____

Phone # (alternate) _____

E-mail _____

May we use your e-mail as legal contact for meetings, special events, notices, updates, etc. and to satisfy the By-laws Article VII Section 1 regarding, "written notice" and "mail".

Yes No

Additional people selling for member

#1 _____

#2 _____

#3 _____

#4 _____

Date Paid _____ Cash ___ Check ___

Check # _____ Check Total _____

Receipt # _____ Receipt Total _____

Amount paid for this member _____

Reserved stall ____ Daily stall _____

Reserved stall # __ Preferred stall # __

For Office Use Only

Non-reserved daily rental log

April	May	June	July
<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 7	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 10	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 10
<input type="checkbox"/> 12	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 14	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 14
<input type="checkbox"/> 17	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input type="checkbox"/> 19	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 19
<input type="checkbox"/> 21	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 21
<input type="checkbox"/> 24	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 24
<input type="checkbox"/> 26	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 26
<input type="checkbox"/> 28	<input type="checkbox"/> 24	<input type="checkbox"/> 28	<input type="checkbox"/> 28
	<input type="checkbox"/> 26	<input type="checkbox"/> 30	<input type="checkbox"/> 31
	<input type="checkbox"/> 29		

If you will be selling any product that needs a specific permit or license, a current copy of that permit or license must be on file with the Market Manager. Examples are; Meat, Dairy & Plants. If you will be selling Cottage Foods, please sign below.

I, _____, understand the laws regarding the sale of Cottage Foods.



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Statement of Understanding (Liability Release)

Member Name _____

Mailing Address _____

My signature is an agreement to the following: City _____ State _____ Zip _____

In exchange for the use of a portion of the Madison Street Park and Pavilion as the Marianna City Farmer's Market, I, along with any and all persons listed on the reverse side of this document and any of my representatives agree to, now and forever, hold harmless and release from any financial responsibility the following:

- *The Jackson County Growers' Association, Inc., it's members and it's Board of Directors
- *The city of Marianna and it's employees
- *The Jackson County Cooperative Extension Service and it's employees
- *The Florida county of Jackson and it's employees
- *The University of Florida Institute of Food and Agriculture Sciences and it's employees
- * The Florida Department of Agriculture And Consumer Services and it's employees

I have received a copy and read, or had explained to me, and understand the rules and regulations of the Marianna City Farmers' Market and agree to abide by them.

I agree to indemnify, hold harmless, and pay the cost of defense of the Jackson County Growers' Association of and from any action, claim, demand or liability related to any product(s) or goods sold by me or my representative at the Market.

I agree to obtain and show proof of insurance for all vehicles I bring to the Market.

I agree to use only those chemicals approved by the Florida Department of Agriculture and Consumer Sciences (FDACS) for use on my crops and follow all label instructions.

Vehicle Insurance Company _____ Policy # _____

Vehicle #1 _____ Vehicle #2 _____

Signature _____ Date _____