

SAN ANTONIO FARMER'S MARKET ASSOCIATION

Application for Membership

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF FAMILY MEMBERS: _____

Attach the \$150.00 Annual Membership Fee for new members.

1. I agree to allow a member of the verification committee or the Market Manager to inspect my farm to assure that all produce is being grown according to the Rules of the Association.
2. I agree to sell only such items that I produced or as approved by the Board of Directors or Market Managers.
3. I have read and understood Rules and Regulations and By-Laws of the San Antonio Farmer's Market Association and agree to be bound by them. By my signature below, I acknowledge receipt of a copy of said Rules and Regulations and By-Laws.
4. I agree to inform the President or Market Manager of any changes in produce that I plan to sell at the markets when it is planted throughout the year.
5. I have provided two (2) copies of vehicle insurance for all vehicles to be used at any of the markets and understand that not having said insurance in effect is grounds to be asked to leave a market.
6. I agree by signing this form to arbitration in disputes with the Association or its representatives.
7. List on the attached sheet, all produce to be grown and approximate time of harvest.

THE INFORMATION ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. I WILL ACCEPT RESPONSIBILITY FOR ANY MISREPRESENTATION ON MY PART OR THAT OF MY AGENTS.

SIGNATURE: _____ DATE: _____

Number of Cash Resale Permit: _____