



farmers markets are good for everyone ...
farmers | consumers | communities
join us to make them even better!

www.farmersmarketcoalition.org

Membership Application

CONTACT INFORMATION

Contact Name: _____
Organization Name: _____
Address: _____ City: _____
State/Province: _____ Zip: _____ County: _____
Country: _____ Phone: _____ Fax: _____
E-mail address: _____ Web site: _____

SELECT ONE OF THE FOLLOWING:

- Individual Farmer
- Farmers Market
- CSA
- Statewide/Regional Farmers Market Assoc. _____ (# of markets) _____ (# of farmers)
- Government Agency
- Academic Institution
- Non-profit Farmers Market Supporter
- Other organization: _____

MEMBERSHIP:

Membership: \$25 \$ _____
Other contributions*: \$ _____
Total enclosed: \$ _____

**The Farmers Market Coalition is registered with the IRS as a 501c3 nonprofit organization, and donations are tax-deductable.*

Send your completed application and
your check or money order payable to:

Farmers Market Coalition
c/o Sharon Yeago, Treasurer
PO Box 2114
High Springs, FL 32655-2114

Your support of the Farmers Market Coalition is much appreciated. Thank you!