

2012 Membership Application
Macungie Farmers Market, 21 Locust Street, Macungie PA 18062

Your Name(s) _____

Farm or Business Name _____

Address _____

City, State and Zip Code _____

Primary Phone _____ FAX _____

Cell Phone _____ E-Mail _____

Market Dates for 2012 are every Thursday, rain or shine, June 7 through October 25, 2012.
Hours are 4:00 to 7:00 pm or dusk (whichever comes first)

I expect to be there all season Yes No If no, fill in dates below.

Expected start date _____

Expected stop date _____

Macungie Memorial Park fee: \$25.00

Vendor Site fee: \$100

(payable to "Macungie Borough Farmers' Market")

Payment must accompany application. There is no guarantee of acceptance into the market. New Applications are voted on by the committee. Should an application be rejected, fee is fully refundable.

Please describe the vehicle(s) and awnings you will be using at the market. Give the length and width of your truck, van, car, trailer and awnings. _____

Proof of liability insurance. Insurance Company _____

All vendors are required to carry a minimum of \$500,000 in liability insurance.

Certificate of insurance listing Macungie Memorial Park, 50 N. Poplar Street, Macungie PA 18062 as additional insured must be received before vendors will be allowed to set up at the market.

Organic Growers. Attach a copy of your current organic certificate.

Associate Vendor form. Complete and attach an Associate Vendor form if selling other local farmer's product.

Vendor Compliance

I (we), the undersigned, have received, read and understand the bylaws of the Macungie Farmers' Market and do hereby agree to abide by said bylaws and the direction of the Market Committee.

I (we) fully understand that the Macungie Farmers' Market is a locally grown/produced market and that reselling of any items not grown or produced by vendors is expressly prohibited and is grounds for expulsion from the market without prior approval from the committee. In the

event a charge of reselling is lodged against me (us), I (we) agree to submit to an on-farm inspection by an independent third party.

I (we) further agree to operate my (our) stall and to pay all applicable fees in a timely fashion, as set out in the bylaws.

I (we) further understand that failure to comply with the bylaws of the Macungie Farmers' Market could result in expulsion from the market.

Print Name

Signature

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____

Products you would like to sell: Please be specific and list all items for consideration. Include all kinds of produce, nursery stock, flowers, prepared foods, processed foods, baked goods, etc. (Use an additional sheet, if necessary)

If products listed are not from your farm, please attach an associate vendor form. Products you sell must be 75% of your own grown/produced product.