

BROWNWOOD AREA FARMERS MARKET
MEMBERSHIP APPLICATION

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

Name of family members: _____

County in which I produce: _____

I would classify myself as a: (check one)

Commercial Gardener

Home Gardener (less than 1/2 acre)

Other _____

Please list all varieties of produce you intend to grow for sale:

What other items do you expect to have for sale?

1. I agree to allow a member of the Board to inspect my farm to assure that all produce is homegrown.

2. I agree to sell only items I have produced or items approved by the Board.

3. I have read and understand the rules and regulations of the Brownwood Area Farmers Market Association and agree to be bound by them. I acknowledge receipt of a copy of these rules and regulations.

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

SIGNATURE: _____ DATE: _____

Brownwood Area Farmers' Market Association
P.O. Box 833
Brownwood, Texas 76804-833
BrownwoodAreaFarmersMarket@gmail.com

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Office use:

Membership #: _____

Date Received: _____

Paid by: _____ Check _____ Cash