

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