

**FARMERS' MARKET MANAGEMENT NETWORK**  
**MEMBERSHIP APPLICATION**

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Business or Farmers' Market Name

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Mailing Address

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City State Zip Code

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E-mail address Phone number

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Name of Applicant (Please print)

I hereby apply for membership in and agree to abide by the articles of incorporation and bylaws of the Farmers' Market Management Network, Inc. now and hereafter in effect, copies of which are on the cooperative website. I certify that I am a qualified member as defined below and in the bylaws, and have tendered the initiation fee.

\_\_\_\_\_ **Farmers' Market Manager/Rep. (\$25.00)**

*An ODA registered farmers' market, where producers/vendors congregate to market products directly to consumers.*

How long have you been established? \_\_\_\_\_

How many vendors/members? \_\_\_\_\_

\_\_\_\_\_ **Farmer/Vendor (\$10.00)**

\_\_\_\_\_ check if renewal of existing membership

After my membership shall have been in effect for one year from the date of its acceptance by the association, either party may terminate it by notifying the other party in writing. Otherwise, it is mutually agreed that the parties have renewed this agreement for another year. Membership fees are non-refundable.

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*Applicant Signature*

*Date*

Make check payable to: The Farmers' Market Management Network

Mail Application to:

Bart Henshaw, Treasurer

5324 Egypt Pike

Chillicothe, OH 45601