

FARMERS MARKET MEMBER STATEMENT 2018

NAME of MARKET ASSOCIATION Barton Creek Farmers Market GROWER _____
NON-GROWER _____

Business Name if applicable _____

Name of Individual _____ e-mail _____

Mailing Address: _____ City _____ Zip _____

Farm Address (if different) _____ Farm Name _____

Phone: Cell Phone _____ Day Phone _____ Fax _____

Others who may be selling for me _____

I expect that I will have produce or product for sale beginning _____ ending _____

I will be selling the following (use the back of this page if more space is needed):

| Crop/Product | Ft/Row or Acres | Time of Year |
|--------------------------|-----------------|--------------|
| VEGETABLES | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| FRUITS | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| PLANTS OR FLOWERS | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| EGGS/POULTRY | | |
| _____ | _____ | _____ |
| DAIRY/CHEESE | | |
| _____ | _____ | _____ |
| MEAT | | |
| _____ | _____ | _____ |
| HONEY | | |
| _____ | _____ | _____ |
| NON-PRODUCE SOLD | | |
| _____ | _____ | _____ |

Certified Organic _____ Certified By _____ # of Years _____

I expect to be re-selling other growers products who are members (yes or no) _____

I expect to be re-selling other growers products who are NOT members (yes or no) _____

Member/Applicant Signature _____

Verification of President of Association: I affirm that the above applicant has the capacity to produce the items listed, barring unforeseen circumstances and/or sells the products listed.

Ruth Wilmore 512 280 1976 Travis
Signature of President Phone Date County