

FARMERS MARKET MEMBER STATEMENT - 2019

GROWER _____

NAME of MARKET ASSOCIATION

Barton Creek Farmers Mkt 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

I hereby agree to defend and hold harmless the above named farmers market association, and its officers and directors against any and all liability including product liability, personal liability, and business liability for claims occurring as a result of our product or service or advertising. We understand that the market does not provide any product liability insurance for the vendors.

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 2801976 3-1-19 Travis
Signature of President Phone Date County