

DAMARISCOTTA FARMERS' MARKET
Application for Membership

Name _____ Date _____

Address _____ Telephone _____

Email _____

I submit this form in application for Membership to the Damariscotta Farmers' Market Association. This membership entitles me to rent stall space at the Market, and to fully participate in all Association affairs.

Membership in the Association is open to all without regard to race, creed, color, sex, or age. The membership of the Damariscotta Farmers' Market Association reserves the right to accept or reject for cause any application for membership.

Memberships must be accepted and the dues paid before selling space is allocated.

Upon acceptance to the market, copies of **liability insurance** and any **licenses** which pertain to your product must be given to the market secretary before a selling space is allocated.

Please check the appropriate membership you are applying for.

- Friday Market (approx. May - Oct.)
- Monday Market (approx. July - Aug.)
- Friday and Monday
- I am a regular Monday vendor but wish to be considered for a Friday position if available.

Brief description of Maine produced products I plan to sell:

Items that I produce:

Items not produced by myself (majority vote)

I will make every effort to attend the market each Friday/Monday from 9am until closing from (date) _____ to _____.

I agree to abide by the By-Laws of the Damariscotta Farmers' Market Association.

signature _____