

# MEMBERSHIP FORM 2011

<b>Name:</b>			
<b>Business Name:</b>			
Street Address:			
City:		Zip:	
Phone:		E-mail:	
Fax:		Website:	

## MEMBERSHIP TYPE, EXPRESSION OF INTEREST

- MARKET VENDOR:** I am interested in being a vendor at the Northport Farmers' Market's
- I grow, harvest, or produce **food** products for sale at farmers markets
  - I grow, harvest, or produce **non-food** products for sale at farmers markets
- MARKET SPONSOR:** I am not interested in being a vendor, but want to support the Northport Farmers' Market's work in the pursuit of its mission.
- I would like to volunteer my time/services/resources
  - I would like to make a financial contribution of \$ \_\_\_\_\_  
(Please make checks payable to **Northport Farmers' Market, Inc**)  
Mailing Address: Northport Farmers' Market, Box 33, Northport, NY 11768

**MEMBER FEES** Vendor membership fee for complete season: \$200. **Proof of insurance required.**

- I would need assistance/information in obtaining the insurance.

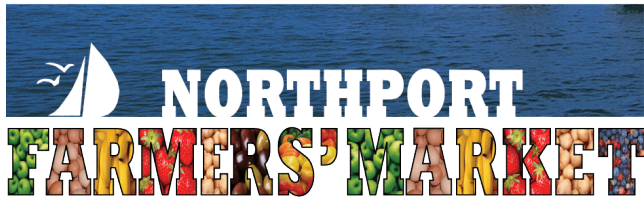
**MARKET DATES** Market runs on **Saturdays; June 18<sup>th</sup> 2011 – November 19<sup>th</sup> 2011, except Sept. 17<sup>th</sup>**

**MARKET TIMES** Opens at 8 AM. Closes at 1PM. Cleanup completed and departure by 1:30 PM.

## MARKET MISSION STATEMENT

Northport Farmers' Market (NFM) mission is to advance the prosperity of its members who grow, produce or present goods or services for sale or lease at farmers' markets, by helping to improve the business conditions of farmers' markets, focusing especially on what facilitates participation in farmers' markets by growers, producers and sellers. Activities engaged in to achieve this general goal may include:

- *Collecting, studying and disseminating information and materials, such as trade statistics and group opinions, in order to encourage the development of farmers' markets.*
- *Fostering cooperation among growers, producers and sellers, and other entities, including governmental bodies*
- *Participating in farmers' market in or around the Village of Northport, NY, and using such participation to gain practical experience useful in achieving the NFM's general goal. Work towards this specific goal may include:*
  - i. *Assisting and cooperating with market's sponsor and others in organizational work,*
  - ii. *Providing to the NFM's members, as is possible, one or more benefits that facilitate their participation in this market. These benefits may include providing insurance coverage directly related to participation in order to provide such coverage to its members at a more economical rate than otherwise be available,*
  - iii. *Inviting representatives or governmental bodies and other entities to observe or participate in this market and in the NFM's organizational work, and*
  - iv. *Sharing the lessons of these experiences with governmental bodies and other entities.*



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### VENDOR MEMBERSHIP OBLIGATIONS

1. Signed consents to, in adherence to, all participation agreements and terms therein required of a vendor by the market sponsor and governing municipalities, if any.
2. Adherence to all market rules as established by the market sponsor as long as a copy of these rules has been provided to the vendor.

Violation of these obligations will terminate membership, and will void any benefit coverage.

### VENDOR MEMBER APPLICANT:

- I am enclosing a payment of \$200 for the 2011 season (checks payable to Northport Farmers' Market, Inc).*
- I am enclosing a proof of insurance*

I \_\_\_\_\_ have read all of the above and agree to all of the terms and rules of this agreement hereby make application to become a vendor at Northport Farmers' Market for the year of 2011. I understand that I give permission for photos or depiction of my business and people to be used for Northport Farmers' Market promotion purposes.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_  
Please print name: \_\_\_\_\_

**Your success is our success! Please provide us with comments and/or suggestions on how to improve the Northport Farmers' Market. Thank you**

### OFFICE USE:

- Application accepted
- Application not accepted (membership fee returned)

Officer signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please print name: \_\_\_\_\_