

Farmers' Market Management Network, Inc.

MEMBERSHIP APPLICATION

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 have been presented to me for inspection on the cooperative website. I certify that I am a qualified member as defined in the bylaws, have tendered the initiation fee, and met such other qualifications for membership as have been explained to me.

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 of this intention between. If neither of the parties to this agreement so notifies the other, it is mutually agreed that this shall constitute conclusive evidence that the parties have renewed this agreement for another year.

Business or Farmers' Market Name

Mailing Address

City

State

Zip Code

E-mail address

Phone number

Name of Applicant
(Please print)

Signature

Date

Farmer/Vendor Member _____ (\$10.00)

Farmers' Market Manger Representative _____ (\$25.00)

Acceptance

This certifies that _____ is a member of and is entitled to all of the rights, benefits, and privileges of membership in the Farmers' Market Management Network, Inc. as of this _____ day of _____, 20__.

President

Secretary

Return Application with check for payable to The Farmers' Market Management Network to:
Bart Henshaw, Treasurer - 5324 Egypt Pike - Chillicothe, OH 45601