

Millbrook Farmers Market Co-Op Application

Applicant's Name _____

Title _____

Business Name _____

Business Location _____

Mailing Address _____

Business Phone Number _____

Cell Phone Number _____

Business Website _____

Email Address* _____

*Communication from the Millbrook Farmers Market Manager will be by email.

Referred by: _____

Products: _____

Market Dates: Saturday, May 23 - October 31st

Will products be available for all market dates? _____ Yes _____ No

If no, provide the dates products will be available _____

Millbrook Farmers Market, P O Box 1013, Millbrook, NY 12545

Millbrook Farmers Market Co-Op

I, (Applicant Name) _____, as (Title) _____ of (Business Name) _____, do hereby apply for membership in the Millbrook Farmers Market. The dues for membership, in the form of a check payable to the "Millbrook Farmers Market" are enclosed. The check will be returned if membership is declined.

_____ Millbrook Farmers Market Co-op Vendor: \$75 for the season (Due upon notification of acceptance)

By signing and submitting this application to be a member of the Millbrook Farmers Market Co-Op, I certify that I have read and understand the Millbrook Farmers Market Co-Op Regulations. I agree to be bound by my obligations as detailed in this Application and the Millbrook Farmers Market Regulations Co-Op.

_____ Applicant's Signature Date

_____ Postmark Date: _____ Date Notified: _____

_____ Accepted _____ Accepted with limitations _____ Denied _____

Millbrook Farmers Market, P O Box 1013, Millbrook, NY 12545