

**FARMERS MARKET
MEMBER PROFILE 2008**

Princeton Farmers Mrkt Membership Paid

Date _____

Amount _____

Cash _____ Check # _____

Zimmerman Farmers Mrkt Membership Paid

Date _____

Amount _____

Cash _____ Check # _____

Name: _____

Address: _____

City/State/Zip Code _____

Business Name _____

Phone Number: _____

E-mail Address (optional) _____

Interested in selling at the - Princeton Market (Sat) _____ Zimmerman Market(Tues) _____

Minnesota Gown License # _____

(Note: if you do not currently have a number, please contact us after you receive your number from the Minnesota Department of Agriculture) (Forms are available at Market meeting or on-line at www.mda.state.mn.us/mdaforms/default.htm.)

Name of person(s) who will be selling during the Farmers Market

Product(s)that you grow and will be selling at the market

Note: Princeton & Zimmerman have a web site, would you like your name with what you grow/sell listed on the web site. (pzfarmersmarket.org) Yes _____ No _____

If you have a web site and would like to have that listed please include here _____

Signature _____ **Date:** _____

By signing this document, you are agreeing to follow the by-laws and rules set by market members at the annual meeting. Violation of rules and by-laws will result in your termination of market membership.