

# Springdale Farmers' Market

P.O. Box 1083

Springdale, AR. 72765-1083

[Cgbutler14@gmail.com](mailto:Cgbutler14@gmail.com), 479-856-8043

<http://www.springdalefarmersmarket.org>

## 2019 APPLICATION FOR MEMBERSHIP

DATE \_\_\_\_\_

Name of Primary Vendor (please print) \_\_\_\_\_

Name(s) of Others Authorized to Sell at SFM for you (please print) \_\_\_\_\_

Your Farm or Business Name (please print) \_\_\_\_\_

Mailing Address (street, city, zip code) \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

County \_\_\_\_\_ Location (give directions-use back of page if necessary) \_\_\_\_\_

Products You Will Market (circle each that applies) Vegetables Fruits Fresh Herbs Eggs USDA  
Frozen Meat Honey Nuts Jams/Jellies/Fruit Butters Plants Cut Flowers Baked Goods  
Candy Crafts (describe your crafts)

List the Vegetable and/or Fruits You Will Sell at the Springdale Farmers' Market (use back of page if necessary) \_\_\_\_\_

Acreage You Will Plant For Market \_\_\_\_\_

**I want to be a vendor at the SFM & plan to attend the market (check days)**

**TUE** \_\_\_\_ **THUR** \_\_\_\_ **SAT** \_\_\_\_.

Have You Previously Been a Member of a Farmers' Market? Yes \_\_\_\_ No \_\_\_\_ If Yes, Where?

REFERRED BY \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Applications must be submitted and approved before participating in the market. Applicants are subject to a farm/home visit by the market manager by appointment, and will be notified when and if approved. Applicant pays the transportation cost to and from the farm based on mileage. **Please pay the \$25.00 annual dues after application approval.** Please read and follow the 2019 Policies, Rules and Regulations of the Springdale Farmers' Market.**

(Do not write below this line)

DATE REVIEWED \_\_\_\_\_ APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_

VENDOR NUMBER \_\_\_\_\_