

Application for Membership Mankato Area Growers Association 2010

Name_____

Name of Farm/business_____

Address_____

City & State_____

Email_____

Telephone Number_____ Cell_____

How many miles is your Farm/Business from Madison East Center, Mankato?_____

What product do you intend to sell?_____

If your products include processing, do you have all of the necessary local/state/federal licenses and permits required?_____

Attached to my application you will find my proof of liability insurance _____

In any publicity for the market, what products would you like listed (in 6 words or less)? For instance: Bob's Vegetables-pumpkins, tomatoes, berries

What information does the market have your permission to use for publicity? Yes or No answers. Farm name_____ Grower name _____ Street address _____ City _____ Phone_____ Personal Photos _____ Photos of stand and products _____

Do you have an off season product you would like mentioned on the website? _____

In filling out and signing this form, you are seeking membership in the Mankato Area Growers' Association (MAGA) and the privilege of selling at the Mankato Farmers' Market. You are agreeing to abide by all rules and regulations of MAGA, as specified in the by-laws. This includes that you grow all your products yourself, and you are not selling on behalf of another party, that you live within a 40 mile radius of the Mankato Market, unless exempted from the rules as a specialty product, that you accept all responsibility for proper licensing and conformance to the law of your products and business, that you will only sell good quality, fresh products and that you accept full responsibility for the quality of your products, and you consent to an on-the-farm inspection as needed to assure that the product is locally grown by you. You also agree to pay any additional fees for leasing costs voted on and approved by the membership.

I agree to the conditions stated above, and that all information I have stated on this form is correct.

Growers Signature

Date

Please return this form to:
Heidi Thompson
12742 590th Ave.
Wells, MN. 56097

507-525-3617 heidithepainter@gmail.com