

**APPLICATION FOR MEMBERSHIP (New Members)**  
**MANKATO AREA GROWERS ASSOCIATION**

Name \_\_\_\_\_

Name of farm/business if different than name above \_\_\_\_\_

E-mail Address \_\_\_\_\_ Address \_\_\_\_\_

City and zip \_\_\_\_\_

Telephone number \_\_\_\_\_

How far is your farm/garden/business from Madison East Center, Mankato \_\_\_\_\_

What products will you be selling at the Mankato Farmers' Market \_\_\_\_\_

\_\_\_\_\_

If your products include processing, do you have all necessary local/state/federal licenses and permits? \_\_\_\_\_

In filling out and signing this form, you are seeking membership in 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 product yourself, and you are not selling on behalf of another party, that you live within a 40-mile radius of the Mankato Market, unless you are excepted 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 to agree to pay any additional fees for leasing costs voted on and approved by the membership.

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

\_\_\_\_\_  
Grower's Signature

\_\_\_\_\_  
Date

Return application to:

Joyce Schmidt, Secretary  
1521 1916th Avenue  
Fairmont, MN 56031