To become a member: Prospective vendors must fill out an application and be accepted by the Board of Directors. If accepted, and upon payment of membership fee and stall fee, vendors are then entitled to the rights and privileges of membership.

Mankato Area Growers Association Produce Grower Application Name	
Name of Farm/business	
Address	
City & State	
Email (if you become a member you should check Telephone Number Cell	k daily)
Telephone Number Cell	<b>3</b> /
How many miles is your Farm/Business from Best Buy in Mankato?	
What products 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) Example- Bob's Vegetables-pumpkins, tomatoes, berries	
Please check which of the following information the market may use for publicity:	
Farm name Grower name Street address City	
Phone Personal Photos Photos of stand and products Photos	
Do you have an off season product you would like mentioned on the MFM website or Facebook page?	
In filling out and signing this form, you are seeking membership in the Mankato Area Growers' Associ (MAGA) and the privilege of selling at the Mankato Farmers' Market. You are agreeing to abide by all regulations of MAGA, as specified in the by-laws.  This includes:  You grow all your products yourself.  You are not selling on behalf of another party.  You live within a 40 mile radius of the Mankato Market.  Unless exempted from the rules as a specialty product you accept all responsibility for proper licensing and conformance to the law of your products and business.  You will only sell good quality fresh products.  You accept full responsibility for the quality of your products.  You consent to an on-the-farm inspection as needed to assure that the product is locally grown by your you also agree to pay any additional fees for leasing costs voted on and approved by MAGA.  By signing below, I agree to the conditions stated above and that all information I have stated on this form is correct.	rules and
Print name - Signature - Date	
Time name - Signature - Date	

Please return completed applications to: Diane Selly, P.O. Box 117 Kasota, MN 56050 For questions, contact ddenise58@msn.com or call 507-382-9337 Leave a message and we will get back to you.