

Bucksport Bay Farmers' Market
Application for New Membership – 20__ Season

Name:

Farm or business name:

Years in business:

Address:

Phone:

Email:

Website/Facebook Page:

Can we link to these sites? Y / N

1. Intended participation (circle all that apply): May June July August September October

2. Brief description of business:

3. List all products you intend to sell at this market:

4. List all "bought in" products you intend to sell at this market (products that you do not grow, raise, or produce yourself):

5. Where else do you sell your products:

6. References (please list 2 with phone numbers):

I understand that this application will be subject to a vote of the membership of the Bucksport Bay Farmers' Market. By signing this application I agree that, if accepted as a member, I will abide by the bylaws, decisions and conditions of the market.

Signature:

Date:

Please return this application to The Bucksport Bay Farmers' Market, c/o The Bucksport Bay Chamber of Commerce
PO Box 1676
Bucksport, ME 04416
Or bbfmarket@gmail.com