

PO Box 1053 Grants Pass, OR 97528 541-816-1144 growersmarket.org

Membership Application CRAFT/ART/COMMUNITY SERVICE VENDOR (Circle One) Summer, Winter, Full Year

Renewal:	New:	

Before applying, please read the Growers' Market Operating Rules and the Craft/Arts/Community Service & Food Rules to determine your eligibility to participate in the Growers' Market. These can be found online at growersmarket.org, emailed or sent by USPS upon request. To attend the GPGM Spring Meeting, we must receive a completed application, dues payment (nonrefundable), all current copies of liability insurance, certifications, permits, licenses etc.

Name:		Business Name:			Phone:		
Mailing Address	:		Zip Code:	# of ye	# of years in Market:		
Address of Craft	:/Art Studio facility:	Do you sell at this location? (Circle) Yes or No			Hours of operation:		
Can the Market give out this information upon general inquiry? (Circle) Yes or No Where else are your p					else are your produ	icts sold?	
Describe the Cra wish to have jur	aft/Art Products you ied:						
Do you feel your products/service would be best classified as "ART" or "CRAFT" or "COMMUNITY SERVICE" as described in the rules and why:							
Please circle you	ur response to the following questions.						
Are you a resident of Southern Oregon?						Yes or No	
Do you personally produce this product?						Yes or No	
Will you permit inspection of your Craft/Art work facility by a Board-authorized representative?						Yes or No	
Are your f	inished products the result your skill and craftsma	anship and not merely	an assemblage of co	mmercially	produced items?	Yes or No	
JURYING:	Items/products will be juried at a meeting calle Applicants must bring a representative sample of Manager will notify all applicants of the jury dec	of each item to be juried	and submit a comple				
Market does not	erstand and agree to abide by the Growers' Market O provide individual product liability insurance. It is s ttes and the Growers' Market Membership Card will	trongly advised that you	secure sufficient insu	rance to pro			
Signature:				Date:			
Email:		Webs	site:				
	OFFICE USE ONLY		Approved				
				Approval			
	Approving Official :		YES or No	Date:			