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|  | **2019** | **PO Box 1053** | **Membership Application** |
| **Grants Pass, OR 97528** | **PRIMARY AGRICULTURE VENDOR** |
| **541-816-1144**  **Gpgm1manager@gmail.com** | **(Season Request) Summer, Winter, Full Year** |

Before applying, **please read the Growers’ Market By Laws and Operating Rules Online** 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 Grants Pass Growers’ Market, we must receive a completed application, dues payment (non-refundable), all current copies of insurance, certifications, permits, licenses, etc**.

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| Applicant Name: | | | | | | |  | | | | | | | | | | | | Business Name: | | | | | | | |  | | | | | | | | | | | | | | | | Phone: | | | | | |  | | | | | |
| Mailing Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Zip Code: | | | | | | | |  | | | | | | | Number of years in the Market: | | | |  | | | |
| Address of Growing location: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Do you sell at this location? (Circle) | | | | | | | | | | | | | Yes or No | | | | | | |
| How many acres in production: | |  | | | | | | | Sq. footage of greenhouse(s): | | | | |  | | | | Which knowledgeable representative will be selling at the market? (Circle all that apply) | | | | | | | | | | | | | | | | | | | YOU FAMILY MEMBERS  EMPLOYEES OTHER S | | | | | | | | | | | | | | | | | |
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| **Can the Market give out this information upon general inquiry? (Circle)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes or No** | | | | | | | | | | | | | | | | | |
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| **Please CIRCLE your responses to the following questions.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are your farm  products seasonal? | | | | | | Yes or No | | | | At the Market,  will you be off-loading? | | | | | | | | | Yes or No | | | | Will you require water or power? | | | | | | | | Yes or No | | | | | | | WATER  POWER | | | | | | Number of spaces requested: | | | | | | | | |  | |
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| How are your farm products grown? | | | | Greenhouse | | | | | | | | Container | | | | Field | | | | Make and model of vehicle you  will be parking in the market: | | | | | | | | | | | | | |  | | | | | | | | | | | Vehicle License  (if known): | | | | | | |  | | |
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| What do you grow and sell: | | | | | | | | Indoor House Plants? | | | | | | | | | Outdoor Plants? | | | | | | | Produce? | | | | | Vegetables? | | | | | | | | | | Fruit? | | | | | | | Flowers? | | | | Bulbs? | | | | |
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| Bedding Plants? | | | Seeds? | | | | | | | | Trees? | | | | Shrubs? | | | | | | Herbs? | | | | Annuals? | | | | | Cut Flowers? | | | | | | | | | | | Other S | | | | | | | | | | | | | |
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| Is your Farm: (Circle All that apply) | | | | | | | | | | | | | Registered Organic? | | | | | | | | | | | | | Certified Organic? | | | | | | | | | | | | | | | | Nursery Licensed? | | | | | | | | | | | | |
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| I have read, understand and agree to abide by the Growers’ Market Operating Rules and the Oregon Department of Agriculture Minimum Requirements for Food Safety, Farmers’ Market Guidelines. All licenses, permits, certificates and the Growers’ Market Membership Card will be available and/or displayed at every market. I further understand that the Growers’ Market DOES NOT provide individual product or general liability insurance for members. It is strongly advised that you secure sufficient insurance to protect yourself and your farm/business. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Date: | | | | | | |  | | | | | | | | | | |  |
| Email: |  | | | | | | | | | | | | | | | | | | | | | Website: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | OFFICE USE ONLY  Approving Official : | | | | | | | | | | | | | | | | | | | | | | | | | | | Approved  YES or No | | | | | | | | Approval  Date: | | | | | | |  | | | | | | | | | | |  |