



2023

PO Box 1053
 Grants Pass, OR 97528
 541-816-1144
 Gpgm1manager@gmail.com

Membership Application
PRIMARY AGRICULTURE VENDOR
 (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.**

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 _____

Can the Market give out this information upon general inquiry? (Circle)	Yes or No
--	------------------

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:
--	--	---	--	--	--	-------	-------	-----------------------------

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):
--	--	--	--	--	--	--	-----------------------------

What do you grow and sell:	Indoor House Plants?	Outdoor Plants?	Produce?	Vegetables?	Fruit?	Flowers?	Bulbs?
Bedding Plants?	Seeds?	Trees?	Shrubs?	Herbs?	Annuals?	Cut Flowers?	Other _____

Is your Farm: (Circle All that apply) Certified Organic?		Nursery Licensed?
--	--	-------------------

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, will be available and/or displayed at every market. All copies of licenses, permits and certifications must accompany your application. 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: _____

OFFICE USE ONLY		Approved
Approving Official :	YES or No	Approval Date:

