



2026

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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 EMPLOYEES FAMILY MEMBERS 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?	
	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 _____ Approval Date: _____

Approving Official: _____ YES or NO