



PENNSYLVANIA RETAIL FARM MARKET ASSOCIATION MEMBERSHIP APPLICATION

Farm Market Name: _____ Date _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Business Phone: _____

Fax: _____ E-mail: _____

Website Address _____

I am joining as (please check one).

Active Member - \$50.00

Supporter Member \$120.00

Type of involvement in direct agricultural marketing, please check all that apply.

on-farm market

garden center

education/extension

roadside market

supplier

food processing

pick-your-own

farmers' market seller

List the farm products sold to consumers, ranked by dollar value.

#1) _____

#3) _____

#2) _____

#4) _____

I hereby make application to the Pennsylvania Retail Farm Market Association and certify that the information I have provided is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Please mail application with payment to:

PA Retail Farm Market Association

P. O. Box 5

New Tripoli, PA 18066

610-767-5026