

Brazos Valley Farmers' Market Association

2017 Application for Membership Membership Dues - \$75 (\$100)*

Name: _____ Home Phone(_____)_____
Work #: () _____
Cel: () _____

Residence Address: _____
(Street, Route, Box Number - City - State - Zip)

Mailing Address: _____

E-mail address: _____

Name of family members, agents or employees who might sell at the market:

Name Relationship (family, employee, or agent)

*The membership fee is \$75 if paid before March 15st (\$100 if paid after March 15st) and will be in effect from Jan. 1, 2017- Dec. 31, 2017.

TERMS of AGREEMENT

1. I agree to allow an inspector inspect my farm to assure that all products offered for sale are in compliance with the By-Laws and Rules & Regulations.
2. I agree to sell only items as specified by the By-Laws and Rules & Regulations.
3. I have read and understood the Rules & Regulations and By-Laws of the Brazos Valley Farmers' Market Assoc. and by my signature below, I acknowledge receipt of and agree to abide by said Rules & Regulations and By-Laws.
4. I agree to comply with the Market Manager's or other Farmers' Market Officer's requests as to parking or other matters while at the market location.

The information above is true and correct to the best of my knowledge. I will accept liability for any misrepresentation on my part or that of my agents.

SIGNATURE: _____

Date: _____

Please make checks payable to : Brazos Valley Farmers' Market Assoc.

Send completed application and membership fee to:

Brazos Valley Farmers' Market Association
2735 Smetana Rd.
Bryan, Texas 77807
(979) 229-5503

Member Name: _____

County in which you grow produce or product: _____

Location of farm: _____

VENDOR PRODUCTS

Please list the types of products and the varieties of produce you will offer for sale and the approximate time period you will be offering a large quantity of such items for sale. This information helps the Association in its promotional efforts. Please estimate as best you can.

<u>Product</u>	<u>Dates Product is Available</u>	<u>Acreage/ Quantity on Market Day</u>
(example: Potatoes	May 1 - May 15	1/2 acre / 5 bushels
Potatoes	May 16 - July 1	1/2 acre / 15 bushels

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____



7. _____

8. _____

How large is your operation? (in acres or square feet): _____

Indemnity Agreement

The vendor (member or day vendor) shall indemnify, keep and save harmless the Brazos Valley Farmers' Market Association (BVFMA) and its officers and all agencies and organizations that the BVFMA has agreements with including, but not limited to: the City of Bryan, the City of College Station, and Brazos County from and against, any and all claims and demands, including but not limited to injuries to persons caused by the vendor or his agents or injury caused by the products of the vendor, or loss of life, or damage to property, on or off the premises, arising out of the use or occupancy of the premises by vendor and shall defend at vendor's own expense any actions brought against the BVFMA and any of the above mentioned organizations or any other person or organization with which BVFMA has a contractual relationship by vendor's acts or omissions. As the vendor, I agree to indemnify the BVFMA and any of its officers for all claims made against BVFMA or any of its officers based on my actions or omissions.

 Vendor's Signature	 Date
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**Employee / Agent / Direct Representative
Verification Form**

The following Person(s) will be my employee / agent / direct representative for the 2017 season.

1. _____
2. _____
3. _____
4. _____

They have been contracted or employed by myself, the approved grower/vendor at the Brazos Valley Farmers' Market, to sell my products.

 Signature of Grower/Producer	 Date
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2017 FARMERS MARKET GROWERS STATEMENT

Grower/nongrower

Name(s): _____

Mailing Address: _____ City: _____ ZIP _____

Farm Address (if different) _____ Farm Name _____

Phone: Home _____ Work _____ Fax _____

Others who may be selling for me _____

I expect that I will have products for sale beginning _____ ending _____

I will be selling the following (use the back of this page if more space is needed):

Crop/Product	Ft/Row or Acres	Time of Year
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VEGETABLES

FRUITS

PLANTS OR FLOWERS

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EGGS/POULTRY

--	--	--

DAIRY/CHEESE

--	--	--

MEAT

--	--	--

HONEY

--	--	--

OTHER

Certified Organic ___ Certified By _____ # of years _____

I expect to be re-selling other growers products: ___NO ___YES

Signature of Grower: _____

Verification of President of Association: I affirm that the above applicant has the capacity to produce the items listed, barring unforeseen circumstances.

Signature of President

Phone

Date

County