

Brazos Valley Farmers' Market Association

2018 Application for Membership

Membership Dues - \$75 (\$100)*

Name: _____

Farm or Business Name: _____

Farm Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work #: _____ Cell #: _____

E-mail address: _____

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

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

Name:	(Family, Employee, or Agent)

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.

**The membership fee is \$75 if paid before March 15th (\$100 if paid after March 15th) and will be in effect from Jan. 1, 2018- Dec. 31, 2018.*

TERMS of AGREEMENT

1. I agree to allow an inspector inspect my farm and/or my production facility 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 that I may only sell items that are listed on this form. I understand to be able to sell items not listed on this form will require prior authorization from the Market Manager or other Farmers' Market Officers.
5. 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 and send completed application and membership fee to: **Brazos Valley Farmers' Market Association**
 3500 Pioneer Circle Bryan, Texas 77808 (979) 204-7762

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.

Product	Dates Product is Available	Acreage	Quantity on Market Day
<i>(Example): Potatoes - Vegetables</i>	<i>May 1 - May 15</i>	<i>1/2 acre</i>	<i>5 bushels</i>
<i>Buttermilk - Dairy</i>	<i>May 16 - July 1</i>	<i>1/2 acre</i>	<i>5 gallons</i>

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

2018 FARMERS MARKET GROWERS STATEMENT

Grower Non-Grower

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
VEGETABLES		
FRUITS		
PLANTS OR FLOWERS		
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.

Vendor **Information**

Company Name: _____

Contact Name: _____ Best Phone # _____

Alternate Contact: _____ Phone # _____

eMail Address: _____

Facebook Page: _____

Website: _____

Short Description of your Product:

Short Bio or story about you or your business: