



Application for Membership

(Please read the "Rules & Regulations")

Mail completed form to:

Emmett Farmers Market, PO Box 775, Emmett, ID 83617-0775

Your Name: _____

Farm Name (if applicable): _____

Business Name (if applicable): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____



Please describe your products offered for sale at the market:

Please describe your booth:

Electrical Requirements: Items(s) _____ Cost: \$5/day or \$50/season

Please remit copies of all applicable licenses, certifications of inspections and permits.

I agree not to hold the Emmett Farmers' Market, its volunteers, the City of Emmett or its representatives and employees responsible for any damages arising out of the sales of my products or from my presence on the Market site.

I agree to sell only those items approved by the market management as noted. I hereby acknowledge the receipt of the Rules and Regulations for the Emmett Farmers' Market. I have read, understand, and agree to abide by these rules and regulations and others that may be written.

Please circle the months in which you expect to attend: May June July August September October

Signature: _____

(Your signature indicates your agreement to abide by the Rules & Regulations of the Emmett Farmers' Market.)

By checking this box, you agree to allow Emmett Farmers Market to use your likeness, name, business name, products, etc., on any marketing efforts which is in a direct effort to increase the customer base of the market.



Office Use Only:

Payment Received by _____ Date _____ Check # _____ Idaho Sales Tax # _____

Membership Card issued: _____ Placard issued: _____