



Goldendale Farmers' Market - 2019

Vendor/Community Member/Visitor Application

GoldendaleFarmersMarket@gmail.com

Are you a Vendor: ___ Community Member: ___ Visitor: ___

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

E-MAIL: _____

% Sales - Produce: _____ Prepared Foods: _____ Crafts: _____ Other: _____

Will you be vending with Goldendale Farmers' Market:

Weekly: _____ Bi-weekly: _____ Once per month: _____ Other: _____

10'x10' space is \$10.00 each market you vend. You need _____ spaces.

Brief description of your business and products you will sell (May also be used in our marketing efforts): _____

Web Site URL or Facebook page: _____

Training you may have: CPR: _____ First Aid: _____ Fire: _____ Other: _____

Your Emergency Contact Info: _____

I/we have read and agree to Farmers' Market Member Guidelines.

Signature: _____ Date: _____

Annual Farmers' Market membership \$30.00, payable at time of application. Membership dues are non-refundable upon approval of membership by the Board.

Send payment and application to: Goldendale Farmer's Market, PO Box 1203, Goldendale, WA 98620 GTW-2019