2024 Membership Application

**Macungie Farmers Market**

**Lumber Street, Macungie, PA**

Your Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Farm or Business Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State and Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Market Dates** for 2024 are every Thursday, rain or shine, **May 16 through October 31 2024**. **Closed Thursday, July 4th.** Hours are 4:00 to 7:00 pm or dusk (whichever comes first)

[ ] **Vendor Site fee**: **$250** (greater than 10 weeks)

[ ] **Vendor Site fee: $175** (10 weeks or less)

[ ] \***Deposit: $100** (In addition to Vendor Site fee for New Vendors and Returning Vendors not in good standing)

[ ] **Single fee**: **$25** (One day only)

I expect to be there all season [ ] Yes [ ] No If no, fill in dates below.

Expected start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected stop date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment must accompany application. Checks shall be made payable to “Macungie Farmers Market”. There is no guarantee of acceptance into the market. New Applications are voted on by the Macungie Farmers Market Advisory Board. Should an application be rejected, your fee is fully refundable.

Please describe the vehicle(s) and awnings you will be using at the market. Give the length and width of your truck, van, car, trailer, and awnings. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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[ ] **Proof of liability insurance**. Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All vendors are required to carry a minimum of **$500,000** in liability insurance. A Certificate of Insurance listing **(1)** Macungie Farmers Market, P.O. Box 191, Macungie, PA, 18062, **(2)** Macungie Memorial Park, 50 N. Poplar Street, Macungie, PA, 18062, a certificate of insurance must be received before vendors will be allowed to set up at the market.

**Mail application with payment and insurance certificates to Macungie Farmers Market, P.O. Box 191, Macungie, PA 18062.**

[ ] **Organic Growers**. Attach a copy of your current organic certificate.

[ ] **Proof of Certified Kitchen.** Attach a copy of your state certificate if you are a prepared foods vendor.

[ ] **Associate Vendor form**. Complete and attach an Associate Vendor form if selling other local farmer’s product. Proof of Liability is required from the Associate vendor or the Market vendor covering the Associate vendor. The Certificate of Insurance must list **(1)** Macungie Farmers Market, P. O. Box 191, Macungie, PA 18062, **(2)** Macungie Memorial Park, 50 N. Poplar Street, Macungie, PA, as additional insured must be received before vendors will be allowed to set up at the market.

**Vendor Compliance**

I (we), the undersigned, have received, read and understand the bylaws of the Macungie Farmers Market and do hereby agree to abide by said bylaws and the direction of the Market Committee.

I (we) fully understand that the Macungie Farmers Market is a local grower/producer market. Reselling of any items not grown or produced by the vendor must have approval of the MFM Board and follow the approved MFM Regulations and Bylaws. In the event a charge of reselling is lodged against me (us), I (we) agree to submit to an on-farm inspection by an independent third party.

I (we) further agree to operate my (our) stall and to pay all applicable fees in a timely fashion, as set out in the bylaws.

I (we) further understand that failure to comply with the bylaws of the Macungie Farmers’ Market could result in expulsion from the market.

**Print Name Signature Date**

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**Products you would like to sell**: Please be specific and list all items for consideration. Include all kinds of produce, nursery stock, flowers, prepared foods, processed foods, baked goods, crafts, etc. (Use an additional sheet, if necessary)

If products listed are not from your farm, please attach an associate vendor form. Products you sell must be 75% of your own grown/produced product.

**Macungie Farmers Market, P. O. Box 191, Macungie, PA 18062**

**Associate Vendor Form**

Market Vendor selling the product \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Vendor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State and Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proof of Liability with a minimum of **$500,000** in liability insurance is required from the Associate vendor or the Market vendor covering the Associate vendor. The Certificate of Insurance must list **(1)** Macungie Farmers Market, P. O. Box 191, Macungie, PA 18062 **(2)** Macungie Memorial Park, 50 N. Poplar Street, Macungie, PA, 18062, as an additional insured must be received before vendors will be allowed to set up at the market.

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Products selling from Associate Vendor: