



PENNSYLVANIA RETAIL FARM MARKET ASSOCIATION MEMBERSHIP APPLICATION

Farm Market Name: _____ Date: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Business Phone: _____

Fax: _____ E-mail: _____

Website Address: _____

Type of involvement in direct agricultural marketing, please check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> on-farm market | <input type="checkbox"/> garden center | <input type="checkbox"/> education/extension |
| <input type="checkbox"/> roadside market | <input type="checkbox"/> supplier | <input type="checkbox"/> food processing |
| <input type="checkbox"/> pick-your-own | <input type="checkbox"/> farmers' market seller | <input type="checkbox"/> _____ |

List the farm products sold to consumers, ranked by dollar value.

#1) _____ #3) _____

#2) _____ #4) _____

I hereby make application to the Pennsylvania Retail Farm Market Association and certify that the information I have provided is true and correct of the best of my knowledge.

Signature: _____ Date: _____

*Please mail application to:
PA Retail Farm Market Association
4184 Dorney Park Road, Room 104
Allentown, PA 18104-5798*