

NHFMA Annual Membership Form

NAME OF FARMERS MARKET:	
LOCATION:	
CONTACT PERSON & TITLE:	
ADDRESS:	
PHONE:	
EMAIL:	
WEBSITE:	
FACEBOOK FAN PAGE NAME:	
MARKET ACCEPTS SNAP?	<input type="checkbox"/> CENTRAL KIOSK/SNAP BOOTH <input type="checkbox"/> INDIVIDUAL VENDORS ACCEPT SNAP. If so how many? _____ <input type="checkbox"/> NO <input type="checkbox"/> OTHER: _____
NUMBER OF VENDORS:	
PRODUCTS FOR SALE AT YOUR MARKET:	
DATES AND TIMES OF OPERATION:	
ANNUAL GOALS FOR YOUR MARKET:	
Are you interested in becoming a board member?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please send annual membership dues of \$25 made payable to the New Hampshire Farmers Market Assoc.

Mail to: NHFMA
 Treasurer
 290 Quaker St.
 Weare, NH 03281

Thank you for your support!