



**Kitsap Regional Farmers Market Association, Operating the
Port Orchard Farmers Market
2019 COMMUNITY MEMBERSHIP APPLICATION**

Under Section 3 of our ByLaws, A Community Member is – “A person or organization other than a Vendor Member who pays annual dues as established by KRFMA and supports the interests and goals of KRFMA.”

INDIVIDUAL MEMBER NAME _____ *OR*

ORGANIZATION / BUSINESS MEMBER (if applies) _____

Representative / Contact Person Name _____

MAILING ADDRESS _____ CITY, STATE, ZIP _____

EMAIL _____

CELL # _____ PHONE # _____

Are you interested in supporting the market in other ways? (please ✓)

Volunteer at Market Booth on Saturdays	Serving on the Executive Committee <i>(what we call our Board of Directors)</i>
Help plan or put on events	Graphics/Design
Long term planning	Grants
Social media	Bookkeeping
Community relations	Website management
Other – describe:	

It is the responsibility of all members to familiarize themselves with, and follow the policies and procedures in this Member/Vendor Guide, including the POFM Market Rules and ByLaws.

See www.pofarmersmarket.org - for more info & to download forms and current Vendor/ Member Guide, Market Rules and ByLaws.

See <http://wafarmersmarkets.org> for more information on the Washington State Farmers Market Association, which we belong to.

Friend us on Facebook

I understand my Membership expires the day before the first Market Day of the next year.

Each paid Membership has one vote. Port Orchard Farmers Market may share my name and contact info with other Members for the purpose of conducting the business of the market.

X _____ Date _____

Member Signature

Thank you for your interest in supporting our local Farmers Market by becoming a Community Member!

Please mail completed, signed application *with your check for \$20 Annual Membership,*
payable to The Port Orchard Farmers Market (make a copy for yourself) to:

<p>Attn: Market Manager Port Orchard Farmers Market P.O. BOX 8247 Port Orchard, WASHINGTON 98366</p>	<p>Office use only:</p> <p>\$20 dues received: check # _____ on _____ Manager or Treasurer initials: _____</p>
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Please CONTACT Manager @ (360) 602-1022 or manager@pofarmersmarket.org if you have questions.