



Washington State Farmers Market Association

PO Box 445 • Suquamish, WA 98392
(206) 706-5198 • www.wafarmersmarkets.com

2010 Annual Membership Application

New Market _____ Renewing Market _____

Please **COMPLETE AND SUBMIT** this Annual Membership Application online: www.wafarmersmarkets.com, **ON OR BEFORE March 1, 2010**, in order to have your market included in the **Washington State Farmers Market Guide**, printed by the WSFMA. (Note: Markets may apply and submit **AFTER** March 1, 2010 but **WILL NOT** be included in the 2010 Market Guide and are required to pay an additional \$50.00 late fee).

This application is for you to use as a worksheet for entering your information online. There is a fee of \$25 for submitting a hard copy only.

For Official Use		
Application	Date Recvd	
Membership Dues		
Insurance	YES	NO
Hard Copy Fee		
Late Fee		

MARKET CONTACT INFORMATION

NAME OF MARKET: _____ YEAR STARTED: _____
(Please fill out a separate Application and Survey for each market that you or your organization may operate)

MARKET LOCATION (physical operating address of market, including cross-streets):

CITY YOUR MARKET OPERATES IN: _____

COUNTY WHERE YOUR MARKET IS LOCATED: _____

MARKET PHONE NUMBER: _____

MARKET FAX #: _____ MARKET WEBSITE: _____

MARKET MAILING ADDRESS: _____

WHAT TYPE OF LOCATION DO YOU CONSIDER YOUR MARKET TO BE LOCATED?

Urban: _____ Suburban: _____ Rural: _____
Population density \geq 2,000/sq. mile Population density 500 – 2,000/sq mile Population density \leq 500/sq mile

DAY(S) OF OPERATION: MON TUE WED THU FRI SAT SUN

HOURS OF OPERATION: _____ TO _____

SEASON (opening & closing dates): _____ TO _____

IS YOUR MARKET PRIMARILY: Open-Air (canopies) _____ Under Permanent Shelter _____ Indoors _____

HOW MANY VENDOR BOOTH SPACES CAN YOU ACCOMMODATE AT YOUR MARKET SITE? _____

MARKET MANAGER INFORMATION

(Note: The information in this section will remain confidential)

NAME OF PERSON MANAGING MARKET:

NAME: _____ TITLE: _____

CONTACT PHONE#: _____ E-MAIL: _____

How many years has this person managed your market? _____

THE MARKET MANAGER IS CONSIDERED: Full Time _____ Full Time Seasonal _____ Part time _____

IS MARKET MANAGER POSITION: Paid ___ Volunteer ___ Other ___ (Please Explain): _____

PLEASE LIST NUMBER OF OTHER MARKET STAFF: # of Paid _____ # of Volunteer _____

MARKET ORGANIZATION

(Please check all that apply):

- ___ Registered Washington State Non-Profit Corporation
- ___ Chamber or Business Association
- ___ Other Non-Profit (specify): _____
- ___ City Sponsored Organization
- ___ Grange Sponsored
- ___ For-Profit Business

DOES THE MARKET HAVE A BOARD OF DIRECTORS, COMMITTEE AND/OR ADVISORS? Yes ___ No ___

NUMBER OF **BOARD** MEETINGS PER YEAR? # _____

NUMBER OF **VENDOR** MEETINGS PER YEAR? # _____

MARKET ONLY ALLOWS VENDORS FROM:

- Only Own County/Island ___ Only Surrounding Counties ___
- Anywhere in Washington ___ Washington & Bordering Counties ___

Do you Jury your Farmers? Yes ___ No ___

Do you make Farm visits? Yes ___ No ___

Do you allow Artisans (Crafters)? Yes ___ No ___

If so, do you Jury your Artisans/Crafters? Yes ___ No ___

WIC/SFMNP/EBT/EFT

Does your market accept WIC and Senior FMNP Vouchers? Yes ___ No ___

Does your market offer EBT? Yes ___ No ___

Does your market offer EFT (credit/debit)? Yes ___ No ___

If yes, does your market currently use a: Token System ___ Market Dollars ___

Does your market currently use a wireless device? Yes ___ No ___

2010 MARKET INSURANCE

(Insurance Premium is \$425.00 for all markets requiring insurance)
(The WSFMA does not provide insurance to Non-Members)

WILL YOUR MARKET REQUIRE INSURANCE THROUGH THE WSFMA? Yes ___ No ___

DOES YOUR MARKET OFFER A HOLIDAY EVENT? Yes ___ No ___

If Yes, what is the date(s): _____ Location: _____

If No, how will your market be insured? Sponsors' Insurance Covers Market ___ Not Insured ___

IF YES, PLEASE LIST THE CO-INSURED INFORMATION:

Co-Insured Name (property owners):

Please also attach additions for events such as a holiday market (if applicable).

Name _____ Street _____

City, Zip _____ Phone/FAX _____

Name _____ Street _____

City, Zip _____ Phone/FAX _____

Name _____ Street _____

City, Zip _____ Phone/FAX _____

Name _____ Street _____

City, Zip _____ Phone/FAX _____

Name _____ Street _____

City, Zip _____ Phone/FAX _____

If your market does not require insurance from the WSFMA, you will need to send us a copy of your insurance policy. The WSFMA also needs to be listed as an additional insured on your insurance policy. Thank you.

Market Gross Sales Information:

(Please round off to the nearest dollar)

Please refer to the "Roots Guidelines" to submit vendor sales according to vendor categories

Farmers: \$	Processors: \$	Resellers: \$
Crafter: \$	Prepared Food: \$	Miscellaneous: \$

What were the combined **gross sales** of **all vendors** at your Market for **2009**? \$ _____

WHAT WAS THE AVERAGE # OF FARMERS WHO ATTENDED EACH DAY IN 2009? # _____

WHAT WAS THE TOTAL # OF VENDORS WHO SOLD AT YOUR MARKET IN 2009? # _____

Please state how your market charges vendors:

Annual Application Fee \$ _____

Annual Membership Fee \$ _____

Daily Stall Fee \$ _____

Percentage of Sales _____ Please explain: _____

Other, please explain: _____

HAS YOUR MARKET EVER CONDUCTED AN RMA (Rapid Market Assessment)? Yes ___ No ___

Do you do customer counts?

If yes what is your average attendance per market day?

MEMBERSHIP DUES

(Based on a sliding scale from total **Gross Sales** of Markets' 2009 season)

(Organizations with multiple markets - dues are paid individually for each market)

		\$400,000 - \$449,999	\$600
New Market for 2009	\$150	\$450,000 - \$499,999	\$675
Market with gross under \$25,000	\$150	\$500,000 - \$549,999	\$750
\$ 25,000 - \$49,999	\$200	\$550,000 - \$599,999	\$825
\$ 50,000 - \$99,999	\$250	\$600,000 - \$699,999	\$900
\$100,000 - \$149,999	\$300	\$700,000 - \$799,999	\$1000
\$150,000 - \$199,999	\$350	\$800,000 - \$899,999	\$1100
\$200,000 - \$249,999	\$400	\$900,000 - \$999,999	\$1200
\$250,000 - \$299,999	\$450	\$1,000,000 - \$1,999,999	\$1300
\$300,000 - \$349,999	\$500	\$2,000,000 - \$2,999,999	\$1400
\$350,000 - \$399,999	\$550	\$3,000,000 - \$3,999,999	\$1500

CONTACT PHONE#: _____

E-MAIL: _____

WASHINGTON STATE FARMERS MARKET ASSOCIATION CONTRACT

I/We hereby certify that the Farmers Market represented on the above is a genuine outlet for only Washington Grown/Produced Agriculture and hand-crafted goods, and that those who manage/direct/oversee this market fully agree to abide by all WSFMA Bylaws and "Roots Guidelines" set forth by the Washington State Farmers Market Association.

I/We acknowledge that failure to do so could forfeit our membership and insurance coverage.

Signature: _____ Title: _____ Date: _____

Print Name: _____ Email: _____ Phone: _____

Please print a copy for your records.

Submit your completed application along with payment to:

WSFMA Membership
c/o Jackie Aitchison, Executive Director
P.O. Box 445
Suquamish, WA 98392

Or email to: info@wafarmersmarkets.com

(Note: If submitting your Membership Application by email/electronically, applications will not be accepted until your payment has been received in full). Upon acceptance of Membership, you will receive a letter of Membership Confirmation along with a copy of your Insurance Certificate, if applicable.

WSFMA BOARD OPPORTUNITIES - Optional

THE WSFMA BOARD IS A VOLUNTEER BOARD; ALL BOARD MEMBERS SERVE A THREE (3) YEAR TERM.

Would you be interested in serving on the WSFMA Board?

___ Yes, I am interested in Serving on the WSFMA Board ___ No, I am not interested at this time

___ I am interested in serving, but require more information, please contact me directly: _____

EACH YEAR THE WSFMA HOLDS AN ANNUAL CONFERENCE. CAN YOU PLEASE TELL US WHAT VENUE, SPEAKER, ACTIVITY OR TOPIC THAT YOU WOULD LIKE TO SEE AT THE CONFERENCE?

ARE YOU ABLE TO HELP BEFORE/DURING/AFTER CONFERENCE? Yes ___ No___

HAVE YOU ATTENDED THE CONFERENCE? Yes___ No___

If Yes, what years have you attended: _____

If No, please state reasons why not: _____