



Please mail form along with a check made out to "Oregon Farmers Markets Association" to:
 Oregon Farmers Markets Association
 C/o Kelly Crane
 595 15th St NE
 Salem, OR 97301
 Phone: 304-542-3331
 info@oregonfarmersmarkets.org

Date: ____ / ____ / ____

I. Contact info:

First Name: _____ Last Name: _____

Organization Name: _____

Email: _____ Phone Number: _____

Mailing Address (Street): _____

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

II. Membership Type:

For additional information on membership levels, please visit our website: <http://www.oregonfarmersmarkets.org/member-benefits/>

OFMA Membership Type	Cost	Check One
New Market: New member, one market location	\$ 25	
Micro Market: 9 or fewer vendors	\$ 35	
Small Market: 10-24 vendors	\$ 60	
Medium Market: 24-49 vendors	\$155	
Large Market: 50+ vendors	\$240	
Market Association: Multiple locations*	\$360	
Vendor Member: Voting, individual vendors	\$25	
Supporter: Non-voting, market supporters	\$25	

The relevant information provided in the following sections below will be used to create your web page in the members' section of the OFMA website: www.oregonfarmersmarkets.org

III. Organizational Information:

Main Point of Contact Name (If different from above): _____

Additional Phone?: _____ Are you planning a 2018 Holiday market? Yes No

Website/FB Page? _____

Counties of Operation: _____

Check all incentives that your market offers: SNAP SNAP match other than DUFB
 Double Up Food Bucks WIC & Senior FDNP Other Voucher Program

For Association Members ONLY: How many different market locations do your organization operate? _____

Continue to the second page to enter information about all market locations

IV. Market Location(s) and Information

Market Name: _____

Days of Market Operation:

Sun Mon Tues Wed Thurs Fri Sat

Months of Market Operation:

Jan Feb Mar April May June
 July August Sept Oct Nov Dec

Market Opening Time: _____

Market Closing Time: _____

Physical Address OR Cross Streets: _____

City of Operation: _____

*For Associations **ONLY**: List any additional locations below:*

Market Name: _____

Days of Market Operation:

Sun Mon Tues Wed Thurs Fri Sat

Months of Market Operation:

Jan Feb Mar April May June
 July August Sept Oct Nov Dec

Market Opening Time: _____

Market Closing Time: _____

Physical Address OR Cross Streets: _____

City of Operation: _____

Note: Associations should print or copy this page as many times as necessary to list information for ALL market locations in order for them to be listed on OFMA's website and directory.

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PLEASE ALLOW UP TO 30 DAYS FOR PROCESSING