



MEMBERSHIP APPLICATION

(Please complete all sections front and back. Send to: RVGCM PO Box 4041 Medford, OR 97501)

Farm/Business Name: _____ Acres in Use: _____

Mailing Address _____
Street or PO Box City/State Zip Code

Farm/Business Address if Different _____

Names(s) _____ Land Phone: _____
 _____ Cell Phone: _____

e-mail: _____ website: _____

Can Mgr give out info? Yes No May we e-mail your newsletter? Yes No
 May we connect your website to the RVGCM website? Yes No
 Please e-mail meeting minutes Yes No

MARKET INFO:

Primary Focus (check one only): Grower Crafts Process Foods Concessionaire

Other Focuses: Grower Crafts Process Foods Concessionaire

I plan to attend: Ashland (Tuesday) Medford (Thursday) Ashland (Saturday)

I plan to start market on _____ and end on approximately _____

I would like: _____ Booth Space(s) (10' x 10') Electricity Other _____

Certified Organic: Yes No Certifying Agency: _____

Market Vehicle Info: Do you off-load? Y N If no, what is the length of your vehicle? _____

I have attended RVGCM market (Medford/Ashland) for _____ years.

Provide 2 Copies of:	<input type="checkbox"/> Nursery	<input type="checkbox"/> Certified Kitchen	<input type="checkbox"/> Scale
(Current licensing or	<input type="checkbox"/> Organic Certification	<input type="checkbox"/> Food Handler	<input type="checkbox"/> Product Liability
Certification)	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other _____	Insurance

Membership fee of \$35 by March 31st, \$60.00 thereafter, and two (2) copies of all required licenses for YOUR business must accompany application before your application will be processed and market space(s) assigned.

I have read and agree to follow all Guidelines, Articles of Incorporation and By-Laws of RVGCM when participating in its markets. I understand that my privilege to sell may be revoked if I am not in compliance.

Signature: _____ **Date:** _____

OFFICE USE ONLY

Exp. Dates of Lic/Cert:	OR Tilt _____ Scale _____ Nurs/Grnhse _____
	Kitchen _____ Food Hand _____ Rstrnt _____

Amt Recvd'd: _____ Recv'd by: _____ Date Recv'd: _____

PRODUCE DESCRIPTION

Please indicate which of the following products you will be bringing to RVGCM markets.

Vegetables

- Asparagus
- Green Beans
- Beets
- Broccoli
- Cabbage
- Carrots
- Corn
- Cucumbers
- Eggplant
- Garlic
- Lettuces
- Mushrooms
- Onions
- Potatoes
- Pumpkins
- Peas
- Peppers
- Radishes
- Spinach
- Squash, Summer
- Squash, Winter
- Tomatoes
- Herbs
- Other (please list)
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Fruits

- Apples
- Apricots
- Blackberries
- Blueberries
- Cherries
- Cider, Juice
- Figs
- Grapes
- Melons
- Pears
- Peaches
- Plums
- Raspberries
- Rhubarb
- Strawberries
- Watermelon
- Berries, Other (list)
- _____
- _____
- _____
- _____
- _____
- _____

Plants

- Bedding Plants
- Cut Flowers
- Hanging Baskets
- Herb Plants
- Nursery Stock (specify)
- _____
- _____
- _____

Misc.

- Baked Goods

- Eggs
- Hazelnuts
- Honey
- Jams/Jellies
- Walnuts
- _____
- _____
- _____

Specialty Foods

- (specify)
- _____
 - _____
 - _____
 - _____

Crafts (must be juried prior to selling)

- (specify)
- _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____

Sharing Booth Space With:

- _____
- _____
- _____
- _____