



# 2018 MEMBERSHIP APPLICATION

Membership Type     Associate • \$30     Active • \$45     Allied • \$60

Name of Market \_\_\_\_\_

Market Manager \_\_\_\_\_

Market Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Market Mgr. Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Facebook Site \_\_\_\_\_

Season Open \_\_\_\_\_

Days of the Week Open \_\_\_\_\_

Hours Open \_\_\_\_\_

Please check all of the products that your market accepts:

Credit     Debit     SNAP     Senior Vouchers     WIC Voucher

Make checks payable to:  
SC Association of Farmers Markets

Mail check and application to:  
South Carolina Department of Agriculture  
Attn: Jackie Moore  
PO Box 11280 • Columbia, SC 29211