

East TN F.A.R.M. Membership Form for Food Vendors, Food Truck/Cart

East TN Farmers Association for Retail Marketing, Inc., a Grower/Producer Marketing Association

Member Renewal New Member Single Extra Space Truck/Trailer Space

Today's Date: _____

Applicant Name: _____

Business Name (if available): _____

Telephone: (____) _____ Mobile: (____) _____ Fax: (____) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Length of food truck or description of booth setup: _____

Which F.A.R.M. market are you interested in attending?

Application Fees:

- **Membership Renewal** = \$30 per year before April 30, \$40 after April 30
- **First time applicants (new members) or those whose membership has lapsed for more than one market year** = \$30 annual membership fee (refundable if application is denied) and a \$50 processing fee (non-refundable)*
- **Single Extra Space** = \$30 per year
- **Four Spaces for a Truck/Trailer** = \$100 per year

*New members are required to be approved for membership before allowed to sell at any F.A.R.M. markets (exceptions subject to Board approval.) New member applications must be received by April 15 for consideration. After that date, applications will not be considered for the current calendar year. **New members are also required to provide 2 non-family references that are familiar with their operation (see back page).** Please allow two weeks for application to process.

All questions regarding application can be sent to info@easttnfarmmarkets.com

Total Fees: _____

All checks must be made payable to: **East TN F.A.R.M.**

Mail Application and applicable fees to:

**East TN F.A.R.M.
c/o Kathy Chippendale
411 Lone Ridge Lane
Clinton, TN 37716**

Please attach 5 photos of your food truck/booth and foods you wish to sell to this application or email to info@easttnfarmmarkets.com. Please list and describe the food you wish to sell in detail:

***All required documentation from the state of TN Department of Health, licenses and permits, must also be attached**

- I agree to abide by the rules and requirements for membership and the by-laws of F.A.R.M. and to abide by the decisions of this organization and its Board of Directors while selling under the auspices of F.A.R.M. I understand that failure to comply can result in exclusion as an active member.**
- F.A.R.M. share your business information when customers or other vendors inquire**

Signature: _____

Date: _____

New Member Reference Information:

Reference Name: _____

Telephone: (____) _____

Mobile: (____) _____

Reference Name: _____

Telephone: (____) _____

Mobile: (____) _____

Image 1 Description:

Image 2 Description:

Image 3 Description:

Image 4 Description:

Image 5 Description: