

For Markets



IDAHO FARMERS MARKET ASSOCIATION ANNUAL MEMBERSHIP

Please mail this form along with a check payable to "IFMA" to:

Idaho Farmers Market Association
 PO BOX 6992
 Boise, ID 83707

Questions? Email info@idahofma.org

For office use only:

Paid Amount: _____

Check Number: _____

Date Received: _____

I. Membership Type: Market and Support Members

Date: _____

New Membership Renewal

Farmers Market Membership Type	Fee	Check One
Micro Farmers Market (2-10 Vendors)	\$ 30.00	
Small Farmers Market (11-25 vendors)	\$ 50.00	
Medium Farmers Market (26-50 vendors)	\$ 80.00	
Large Farmers Market (50+ vendors)	\$ 120.00	
Other Market Associations	\$ 30.00	

Contact Information:

Market Name: _____

Manager/Contact name: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

County: _____

Market Information (this information will be used to create your profile on www.idahofma.org)

Physical Address of Market Location(s):

1. _____
2. _____
3. _____

Age of Market:

Year market was established: _____

Market Season:

Avg Date Market Opens: _____

Avg Date Market Ends: _____

Our Market/Vendors Accept:

Credit Cards: Debit Cards: Checks:

Food Stamps/SNAP/EBT: Double Up Food Bucks Match:

Senior Voucher Program: Veggie Prescription Program:

Day(s) of the Week

Location 1:

M T W Th F Sat Sun

Location 2:

M T W Th F Sat Sun

Location 3:

M T W Th F Sat Sun

Our Market offers:

Live Music Kid's Programming:

Web and Social Media:

Market Website: _____

Market Facebook: _____

Market Instagram: _____

Market Twitter: _____

Hours of Operation:

Location 1. _____

Location 2. _____

Location 3. _____

Please email a picture for your profile, if desired, to

info@idahofma.org with "Profile Picture" in the subject line.