



UMPQUA VALLEY FARMERS MARKET

PO Box 224 Roseburg, OR 97470

2009 MEMBERSHIP APPLICATION

CONTACT INFORMATION – Please Print **New** **Renewal** **Member since (Year)** _____

Business/Farm Name _____ Years in Business _____

Member Name: _____ Contact #: _____ Contact #: _____

Other: _____ Contact #: _____ Contact #: _____

Other: _____ Contact #: _____ Contact #: _____

Alternate Contact Numbers if different from Above:

HM: _____ Bus: _____ WK: _____ Cell: _____ E-Mail Address: _____

Would you like your contact information listed in a Market Directory and on our Webpage? **Yes** **No**

Website Address: _____

Farm or Business Address : _____

Street City Zip

Mailing Address: _____

(if different from above) Street City Zip

Product/Produce for Sale _____

LICENSES/INSURANCE/CERTIFICATIONS

Members are responsible for complying with local, State, and Federal requirements governing the sale and production of their products, and for acquiring the necessary permits and licenses. Members are required to provide UVFM with copies of all relevant licenses, certifications, and permits. Members should include current copies with this application. Please indicate which licenses you are submitting:

Liability Insurance Policy # _____ Insurance Company _____

- ODA Nursery License # _____
- Food Processors License # _____
- ODA Certified Kitchen # _____
- ODA Scales Certification # _____

- Retail Food Establishment # _____
- Collection Permits/Approval # _____
- Oregon Tilth Certification # _____
- Other # _____

PRODUCT LABELING

Please indicate your production method below. Members are required to accurately label their products for sale at the Umpqua Valley Farmers Market. Lack of labeling indicates the product was conventionally grown.

- *Certified Organic Growers must include a copy of their certification and post a copy in their booth.*
- *Wildcrafted members must include copies of public lands collections permits or private approval with this application.*

Certified Organic No Synthetics Applied Conventionally Grown Wildcrafted/Foraged/Fungus

LICENSING INFORMATION

- NURSERY LICENSE - Required if annual plant sales are of \$250. ODA plant division (503) 986-4720
- ORGANICS – Oregon Tilth <http://www.tilth.org/certification/index.html> (503) 378-0690
- SCALES – ODA measurement standards (503) 986-4670
- PROCESSED FOOD – Certificate of Liability Insurance, ODA Food Safety (503) 986-4720
- PREPARED FOOD – Restaurant License, Food Handlers Permit, Certificate of Liability Insurance.

MARKET WAIVER AND MEMBER AGREEMENT

The undersigned member agrees to exercise the utmost care in the use of the facilities of MIR and the UVFM Market place. The member also agrees to indemnify and hold harmless the Umpqua Valley Farmers Market, its Board of Directors, employees, and the agents from any and all claims, actions, judgments, losses, costs (including reasonable attorney fees), and damages whatsoever, including claims arising by reason of accident, injury, or death caused to persons or property of any kind, arising out of, in connection with, or incident to, the Umpqua Valley Farmers Market, except caused by the sole negligence of Umpqua Valley Farmers Market.

I/We have read and agree to abide by the Umpqua Valley Farmers Market rules and guidelines (as set out in the Member Handbook), and Articles of Incorporation, and understand that any violations may result in the revocation of this agreement and expulsion from the Market.

Signature Date

Signature Date

FOR OFFICE USE ONLY:

Date Fee Paid: _____	Member Since(Year): _____	Year Inactive: _____
Amount PD: _____	Check #: _____	Cash: _____
Data Entry: _____	Added to Website: _____	Orientation Completed: _____
Notes & Comments: _____		
