

**Certified Farmers’ Markets**

**P.O. Box 990187 – Redding, CA 96099-0187**

**Voice mail: 530.226.7100 – Website: shastagrowersassociation.com**

**MEMBERSHIP RENEWAL APPLICATION 2020**

**(Please Print Clearly)**

Name(s) of Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Best way to contact you about SGA meetings* (check one):\_\_\_\_Email \_\_\_\_Paper mail

Markets Attended last year: SAT\_\_\_\_\_ SUN\_\_\_\_\_ TUES\_\_\_\_ WED\_\_\_\_ THURS am\_\_\_\_\_\_

Markets Attending this year: SAT\_\_\_\_\_ SUN\_\_\_\_\_ TUES\_\_\_\_ WED\_\_\_\_ THURS am\_\_\_\_\_\_

DESCRIPTION OF *ANY NEW ITEMS* (list on front) YOU WOULD LIKE APPROVAL OF. DESCRIPTION OF ALL ITEMS PREVIOUSLY APPROVED YOU PLAN ON BRINGING THIS YEAR (list on back)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**As a member in good standing of the Shasta Growers Association I shall:**

A. Submit a $35.00 membership fee along with this completed application.

B. Provide copies of all necessary permits and licenses to the SGA, to be kept on

file at the market(s). *Certified ag producers: Please provide a copy of your ag certificate for every market you attend. (Only your posted original need be embossed.)*

C. Post all original certificates, permits & licenses clearly, while selling at market.

D. Notify the market manager by phone at (530) 226-7100 by 6 pm two days prior to my first attendance at market, or when dropping out of market for one or more weeks, or returning after missing one or more weeks.

Having read and understood the above application, I request permission to sell at the SGA Markets. I have read and understand the SGA Rules and Regulations (available at www.shastagrowersassociation.com) and agree to abide by them and to cooperate fully with the Board of Directors and Market Manager. I fully understand that failure to do so will result in my dismissal from the market.

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Accepted\_\_\_\_\_\_ Date Reviewed\_\_\_\_\_ Paid\_\_\_\_\_\_

Cert. Ag.\_\_\_ Non Cert. Ag \_\_\_ Craft\_\_\_ Food\_\_\_

**ITEMS PREVIOUSLY APPROVED TO SELL YOU PLAN ON BRINGING THIS YEAR**

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