



# Washington State Farmers Market Association

PO Box 445 • Suquamish, WA 98392  
(206) 706-5198 • www.wafarmersmarkets.com

For Official Use		
Application	Date Rcvd	
Membership Dues		
Insurance	<u>YES</u>	<u>NO</u>
New Market Audit Fee		
Late Fee		

## 2009 Annual Membership Application

New Market\_\_\_\_      Renewing Market\_\_\_\_

*Please **COMPLETE AND SUBMIT** this annual Membership Application form along with Membership Dues and Insurance Premiums (if applicable), **ON OR BEFORE FEBRUARY 15, 2009**, in order to have your market included in the **Washington State Farmers Market Guide**, printed by the WSFMA. (Note: Markets may apply and submit **AFTER FEBRUARY 15, 2009** but **WILL NOT** be included in the 2009 Market Guide and are required to pay an additional \$25.00 late fee).*

**MARKET CONTACT INFORMATION**

NAME OF MARKET: \_\_\_\_\_ YEAR STARTED: \_\_\_\_\_  
(Please fill out a separate Application and Survey for each market that you or your organization may operate)

MARKET LOCATION (physical operating address of market, including cross-streets):

\_\_\_\_\_

\_\_\_\_\_

CITY YOUR MARKET OPERATES IN: \_\_\_\_\_

COUNTY WHERE YOUR MARKET IS LOCATED IN: \_\_\_\_\_

MARKET PHONE NUMBER: \_\_\_\_\_

MARKET FAX #: \_\_\_\_\_ MARKET WEBSITE: \_\_\_\_\_

MARKET MAILING ADDRESS: \_\_\_\_\_

WHAT TYPE OF LOCATION DO YOU CONSIDER YOUR MARKET TO BE LOCATED IN?

Urban:\_\_\_\_ Rural :\_\_\_\_

DAY(S) OF OPERATION:    MON   TUE   WED   THU   FRI   SAT   SUN

HOURS OF OPERATION:            \_\_\_\_\_ FROM \_\_\_\_\_

SEASON (opening & closing dates): \_\_\_\_\_ FROM \_\_\_\_\_

IS YOUR MARKET PRIMARILY: Open-Air (canopies) \_\_\_\_      under permanent shelter\_\_\_\_      Indoors\_\_\_\_

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**MARKET MANAGER INFORMATION**

(Note: The information in this section will remain confidential)

NAME OF PERSON MANAGING MARKET:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

CONTACT PHONE#: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

How many years has this market manager managed your market? \_\_\_\_\_

If, Market Manager has managed other markets prior to managing your market, how many years total has this person managed them? \_\_\_\_\_

WILL THE CONTACT PERSON NAMED ABOVE ALSO SERVE AS YOUR MARKET'S VOTING REPRESENTATIVE FOR THE WSFMA? Yes\_\_\_ No\_\_\_

If NO, please provide the name, phone and email address of your WSFMA voting representative:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

IS MARKET MANAGER POSITION: Paid \_\_\_ Volunteer \_\_\_ No Manager\_\_\_

Other \_\_\_ (Please Explain): \_\_\_\_\_

THE MARKET MANAGER IS CONSIDERED: Full Time\_\_\_ Part time\_\_\_

WHAT IS THE TOTAL ANNUAL PAY THAT YOUR MARKET MANAGER RECEIVES: \$\_\_\_\_\_

THE MARKET MANAGER IS PAID: Year round\_\_\_ Seasonal\_\_\_ Per Vendor\_\_\_

PLEASE LIST NUMBER OF OTHER MARKET STAFF: # of Paid \_\_\_\_\_ # of Volunteer \_\_\_\_\_

OTHER THAN MANAGER, WHAT IS THE TOTAL ANNUAL PAY FOR ADDITIONAL STAFF? \$\_\_\_\_\_

DOES THE MANAGER PERSON RECEIVE BENEFITS? Yes \_\_\_ No \_\_\_

If Yes, what are the benefits? Medical Insurance \_\_\_ Vacation Pay \_\_\_ Retirement \_\_\_ Other\_\_\_

Please describe: \_\_\_\_\_

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**MARKET ORGANIZATION**

**(Please check all that apply):**

- Registered Washington State Non-Profit Corporation
- Chamber or Business Association
- Other Non-Profit (specify): \_\_\_\_\_
- City Sponsored Organization
- Grange Sponsored
- For-Profit Business

DOES THE MARKET HAVE A BOARD OF DIRECTORS, COMMITTEE AND/OR ADVISORS? Yes \_\_\_ No \_\_\_

If Yes, how many serve on the Board? #\_\_\_\_\_ How many on the Board are Vendors? #\_\_\_\_\_

THOSE MARKETS WITH BOARDS, PLEASE LIST CURRENT ROSTER ALONG WITH MEMBERS AFFILIATIONS:

President \_\_\_\_\_ Vice President \_\_\_\_\_

Treasurer \_\_\_\_\_ Secretary \_\_\_\_\_

Remaining Board Members and their affiliation/title:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NUMBER OF BOARD MEETINGS PER YEAR? #\_\_\_\_\_

Annual meeting date: \_\_\_\_\_ Location: \_\_\_\_\_

NUMBER OF VENDOR MEETINGS PER YEAR? #\_\_\_\_\_

MARKET ONLY ALLOWS VENDORS FROM:

Only Own County/Island \_\_\_ Only Surrounding Counties\_\_\_

Anywhere in WA\_\_\_ Washington & All Counties Bordering\_\_\_

Do you Jury your Farmers? Yes\_\_\_ No\_\_\_

Do you make Farm visits? Yes\_\_\_ No\_\_\_

Do you allow Artisans (Crafters)? Yes\_\_\_ No\_\_\_

If so, do you Jury your Artisans/Crafters? Yes\_\_\_ No\_\_\_

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**WSFMA BOARD OPPORTUNITIES**

THE WSFMA BOARD IS A VOLUNTEER BOARD AND ALL BOARD MEMBERS SERVE A THREE (3) YEAR TERM.

Would you be interested in serving on the WSFMA Board?

\_\_\_ Yes, I am interested in Serving on the WSFMA Board \_\_\_ No, I am not interested at this time

\_\_\_ I am interested in serving, but require more information, please contact me directly at: \_\_\_\_\_

EACH YEAR THE WSFMA HOLDS ITS ANNUAL CONFERENCE. CAN YOU PLEASE TELL US WHAT VENUE, SPEAKER, ACTIVITY OR TOPIC THAT YOU WOULD LIKE TO SEE AT THE CONFERENCE?

(Please describe): \_\_\_\_\_

ARE YOU ABLE TO HELP BEFORE/DURING/AFTER CONFERENCE? YES\_\_\_ No\_\_\_

HAVE YOU ATTENDED THE CONFERENCE? Yes\_\_\_ No\_\_\_

If Yes, what years have you attended: \_\_\_\_\_

If No, please state reasons why: \_\_\_\_\_

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**EBT/EFT PILOT PROJECT**

The WSFMA has grant funding for a pilot EBT/EFT Technology project starting in 2009.

Would you like to participate? Yes \_\_\_ No \_\_\_

Does your market accept WIC? Yes \_\_\_ No\_\_\_

Does your market offer EBT? Yes \_\_\_ No \_\_\_

Does your market offer EFT (credit/debit)? Yes\_\_\_ No \_\_\_

If yes, does your market currently use a: Token System \_\_\_\_\_ Market Dollars \_\_\_\_\_

Does your market currently use a wireless device? Yes \_\_\_ No \_\_\_

If yes, please list type/name of device (i.e. laptop, etc.): \_\_\_\_\_

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**2009 MARKET INSURANCE**

(Insurance Premium is \$400.00 for all markets requiring insurance)  
(The WSFMA does not provide insurance to Non-Members)

WILL YOUR MARKET REQUIRE INSURANCE COVEREAGE THRU THE WSFMA? Yes\_\_\_ No\_\_\_

DOES YOUR MARKET OFFER A HOLIDAY EVENT? Yes\_\_\_ No\_\_\_

If Yes, what is the date(s): \_\_\_\_\_ Location: \_\_\_\_\_

If No, how will your market be insured? Sponsors Insurance Covers Market\_\_\_ Not Insured\_\_\_

IF YES, PLEASE LIST THE CO-INSURED INFORMATION:

Co-Insured Name (property owners):

(Please also attach additions i.e. holiday market, if applicable)

Name \_\_\_\_\_ Street \_\_\_\_\_  
City, Zip \_\_\_\_\_ Phone/FAX \_\_\_\_\_

Name \_\_\_\_\_ Street \_\_\_\_\_  
City, Zip \_\_\_\_\_ Phone/FAX \_\_\_\_\_

Name \_\_\_\_\_ Street \_\_\_\_\_  
City, Zip \_\_\_\_\_ Phone/FAX \_\_\_\_\_

Name \_\_\_\_\_ Street \_\_\_\_\_  
City, Zip \_\_\_\_\_ Phone/FAX \_\_\_\_\_

Name \_\_\_\_\_ Street \_\_\_\_\_  
City, Zip \_\_\_\_\_ Phone/FAX \_\_\_\_\_

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**MARKET GROSS SALES INFORMATION**

(Please round off to the nearest dollar)

What were the combined **gross sales** of **all vendors** at your Market for **2008**? \$ \_\_\_\_\_

What were the combined **gross sales** of **all vendors** at your Market for **2007**? \$ \_\_\_\_\_

How did your Market determine these **annual gross sales**? \_\_\_\_\_

Please state how your market charges vendors:

Annual Application Fee \$ \_\_\_\_\_ (or) Annual Membership Fee \$ \_\_\_\_\_

Please select other ways you charge your vendors:

Daily Stall Fee: \_\_\_\_ Flat Stall Fee: \_\_\_\_ % of gross sales over: \_\_\_\_ Both: \_\_\_\_

Whichever is greater: \_\_\_\_ Other: \_\_\_\_ Please explain: \_\_\_\_\_

**Please list DAILY STALL FEE and/or % COMMISSION SALES:**

Members	\$ _____	% _____
Non-Members	\$ _____	% _____
Farmers	\$ _____	% _____
Processors	\$ _____	% _____
Resellers	\$ _____	% _____
Crafters	\$ _____	% _____
Prepared Foods	\$ _____	% _____
Miscellaneous (list)	\$ _____	% _____

**PLEASE SUBMIT YOUR 2008 GROSS ANNUAL SALES ACCORDING TO VENDOR CATEGORY:**  
(please refer to the "Roots" Guidelines)

(Sum of categories must equal combined gross sales from above)

Farmers: \$	Processors: \$	Resellers: \$
Crafter: \$	Prepared Food: \$	Miscellaneous: \$

Total of **PRODUCERS**: \$ \_\_\_\_\_

Total of **Others**: \$ \_\_\_\_\_

WHAT IS THE TOTAL # OF FARMERS WHO ATTENDED EACH DAY IN 2008? # \_\_\_\_\_

WHAT IS THE TOTAL # OF ACREAGE FARMED BY THOSE SELLING IN YOUR MARKET FOR 2008?

Total acreage is: \_\_\_\_\_

WHAT WAS THE TOTAL # OF VENDORS WHO SOLD AT YOUR MARKET IN 2008? # \_\_\_\_\_

HOW MANY VENDOR BOOTH SPACES CAN YOU ACCOMMODATE AT YOUR MARKET SITE?

Total vendor spaces available are: \_\_\_\_\_

WHAT WAS THE NUMBER OF NON-PROFIT VENDORS AT YOUR MARKET:

Farmers: \_\_\_\_\_ Others: \_\_\_\_\_

WHAT WAS THE AVERAGE DOLLAR, PER MARKET DAY, THAT YOU CUSTOMERS SPENT IN 2008?

Total Customer Dollars were: \$\_\_\_\_\_

HOW MANY CUSTOMERS ON AVERAGE CAME TO YOUR MARKET IN 2008?

Average # \_\_\_\_\_

HOW DO YOU MEASURE YOUR CUSTOMER COUNT? Please describe: \_\_\_\_\_

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HAS YOUR MARKET EVER CONDUCTED AN RMA (Rapid Market Assessment)? Yes \_\_\_ No \_\_\_

If No, would your market be interested in conducting one in 2009? Yes \_\_\_ No \_\_\_

If Yes, what month is most conducive for your market? Month: \_\_\_\_\_

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**MEMBERSHIP DUES**

(Based on a sliding scale from total **Gross Sales** of Markets 2008 season)

***(Organizations with multiple markets - dues are paid individually for each market)***

New Market for 2009	\$100	\$500,000 - \$749,999	\$700
Market with gross under \$25,000	\$100	\$750,000 - \$999,999	\$800
\$25,000 - \$99,999	\$200	\$1,000,000 - \$1,499,999	\$900
\$100,000 - \$199,999	\$300	\$1,500,000 - \$1,999,999	\$1,000
\$200,000 - \$299,999	\$400	\$2,000,000 - \$2,499,999	\$1,100
\$300,000 - \$399,999	\$500	\$2,500,000 - \$2,999,999	\$1,200
\$400,000 - \$499,999	\$600	\$3,000,000+ Add \$100 for each additional \$500,000	

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Please submit your completed annual Application, Survey, and Membership Dues/Insurance Premiums **ON OR BEFORE FEBRUARY 15, 2009**, in order to have your market included in the Washington State Farmers Market Guide, printed by the WSFMA. (Markets may apply and submit AFTER FEBRUARY 15, 2009 but WILL NOT be included in the 2009 Market Guide and must pay an additional \$25.00 late fee.)

**Note:** In order to be eligible for Membership and Insurance for the 2009 season, all Membership information and Dues/Insurance Premiums **MUST BE PAID IN FULL** upon receipt of this Application. (Insurance Certificates will not be issued until application has been reviewed and payment in full has been received.)

Membership Dues per Market (see sliding scale) \$ \_\_\_\_\_  
 2009 Insurance Premium per Market - **\$400.00 per market** \$ \_\_\_\_\_  
 2009 New Market Audit – \$25.00 Fee \$ \_\_\_\_\_  
**SUBTOTAL: \$** \_\_\_\_\_

If submitting your information **after February 15, 2009**, add an additional \$25 late fee \$ \_\_\_\_\_

**TOTAL AMOUNT DUE: \$** \_\_\_\_\_

How many **2009 Washington State Farmers Market Guides** would your market like? \_\_\_\_\_  
 (200 copies are adequate for most markets)

**The following information MUST accompany your application in order to qualify your Market for Membership and Insurance.**

- \_\_\_ I have enclosed or attached a copy of our market bylaws.
- \_\_\_ I have enclosed or attached a copy of our market rules/regulations/policies/handbook.
- \_\_\_ I have enclosed or attached a sample of our market newsletter
- \_\_\_ I have enclosed or attached a copy of our market vendor application.
- \_\_\_ I have enclosed a copy of our market vendor roster listed by the categories defined in the “Roots” Guidelines.

**We have reviewed the following with our Market Manager/Board/Committee/Volunteers:**

- \_\_\_ Washington State Farmers Market Association “Roots Guidelines”

**WASHINGTON STATE FARMERS MARKET ASSOCIATION CONTRACT**

I/WE hereby certify that the Farmers Market represented on the above is a genuine outlet for only Washington Grown/Produced Agriculture and hand-crafted goods, and that those who manage/direct/oversee this market fully agree to abide by all WSFMA Bylaws and Roots Guidelines set forth by the Washington State Farmers Market Association.

I/We acknowledge that failure to do so could forfeit our membership and insurance coverage.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please retain a copy of this signed document for your market records:**

**Submit your completed application along with payment to:**

WSFMA Membership  
c/o Jackie Aitchison, Administrative Director  
POB 445  
Suquamish, WA 98392

Or email to: [info@wafarmersmarkets.com](mailto:info@wafarmersmarkets.com)

**(Note:** If submitting your Membership Application by email/electronically, applications will not be fully accepted until your payment has been received in full). Upon acceptance of Membership, you will receive a letter of Membership Confirmation along with a copy of your Insurance Certificate, if applicable.