



2019

MEMBERSHIP APPLICATION

Membership Type: Associate • \$30 Active • \$45 Allied • \$60

Name of Market _____

Market Manager _____

Market Address _____

City _____ **Zip Code** _____ **County** _____

Mailing Address _____

City _____ **Zip Code** _____ **County** _____

Market Mgr. Phone _____ **Alternate Phone** _____

Email _____

Website _____

Facebook Site _____

Season Open _____

Days of the Week Open _____

Hours Open _____

Please check all of the products that your market accepts:

Credit Debit SNAP Senior Vouchers WIC Voucher

MAKE CHECKS PAYABLE TO:
SC Association of Farmers Markets

MAIL CHECK AND APPLICATION TO:
South Carolina Department of Agriculture
Attn: Jackie Moore
PO Box 11280 • Columbia, SC 29211