



2024 MEMBERSHIP APPLICATION

**Memberships run from January 1 – December 31 and cost \$45 annually.
Your membership will renew on January 1, regardless of the date you joined.**

Name of Market _____ **Email** _____

Market Manager _____ **Website** _____

Market Address _____ **Facebook Site** _____

City _____ **Zip** _____ **Season Open** _____

County _____ **Days of the Week Open** _____

Mailing Address _____ **Hours Open** _____

City _____ **Zip** _____

County _____

Market Mgr. Phone _____

Alternate Phone _____

Please check all that your market accepts:

- Credit**
- Debit**
- Senior Vouchers**
- WIC Voucher**
- SNAP**

RETURN COMPLETED APPLICATION AND PAYMENT

Check or money order should be made payable
to **SC Association of Farmers Markets** and sent to:

South Carolina Department of Agriculture
Attn: Chris Doyle
P.O. Box 11280, Columbia, SC 29201
cdoyle@scda.sc.gov

*Download and save this form
to your computer first before
filling out. Do not submit
from an internet browser.*