



## Wisconsin Farmers Market Association

### Annual Membership Form (2024)

Additional details found on [www.wifarmersmarkets.org](http://www.wifarmersmarkets.org)

Select one membership type:

- Small Market (under 35 vendors annually) **\$35**
- Small Market (under 35 vendors annually) WITH Insurance **\$265.99**
- Large Market (35+ vendors annually) **\$75**
- Large Market (35+ vendors annually) WITH Insurance **\$305.99**
- Multiple Markets (org that runs 2 or more markets with multiple days, locations, and/or seasons) **\$100**
- Multiple Markets (org that runs 2 or more markets with multiple days, locations, and/or seasons) WITH Insurance **\$330.99**
- Vendor Member: **\$25**
- Vendor Member WITH Insurance (select one):
  - Food-Unprocessed: **\$129.54**
  - Food-Processed: **\$167.48**
  - Crafts, Food-Unprocessed/Processed: **\$218.05**
- Association Friend: *Fill in one or both with a total per line:*
  - Pick Your Fee \_\_\_\_\_ (Total Amount)
  - Sponsor a Small Market's Membership (\$35 each membership) \_\_\_\_\_ (Total Amount)
- Association Sponsor: (\$500 or more) \_\_\_\_\_ (Total Amount)

#### **For ALL Membership Types:**

#### **Contact Information (ADMIN USE):**

Name (first and last): \* \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address 1: \* \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \* \_\_\_\_\_

State: \* \_\_\_\_\_

Zip Code: \* \_\_\_\_\_

County Located: \* \_\_\_\_\_

Phone: \* \_\_\_\_\_

Email: \* \_\_\_\_\_

Business Website: (if applicable): \_\_\_\_\_

**For FARMERS MARKET Members:**

**Market Details (PUBLIC information; \*required):**

Market name\*: \_\_\_\_\_

Market Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Start Date\*: \_\_\_\_\_

End Date: \* \_\_\_\_\_

Address 1: \* \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \* \_\_\_\_\_

State: \* Wisconsin \_\_\_\_\_

Zip Code: \* \_\_\_\_\_

County Located: \* \_\_\_\_\_

Location Description: \_\_\_\_\_

\_\_\_\_\_

Phone: \* \_\_\_\_\_

Email: \* \_\_\_\_\_

Website: \_\_\_\_\_

Facebook: \_\_\_\_\_

Payments: Accepted (circle all that apply):

SNAP/EBT

WIC/Senior Farmers Market Nutrition Program

Cash

Credit card

Debit card

Other Market Currency

Days open (circle day and add hours)

Monday / Time \_\_\_\_\_

Tuesday / Time \_\_\_\_\_

Wednesday / Time \_\_\_\_\_

Thursday / Time \_\_\_\_\_

Friday / Time \_\_\_\_\_

Saturday / Time \_\_\_\_\_

Sunday / Time \_\_\_\_\_

**For FARMERS MARKET MEMBERS WITH INSURANCE ADD-ON:**

Year Market Started\*: \_\_\_\_\_

Describe your market activities, types of vendors, etc\*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Average Number of Vendors Per Event\*: \_\_\_\_\_

Number of Events Per Year\*: \_\_\_\_\_

Describe any past insurance claims\*: \_\_\_\_\_

\_\_\_\_\_

List any additional market locations, days & hours open: \_\_\_\_\_

\_\_\_\_\_

List complete name & addresses of any Additional Insureds you need listed on your Certificate of Insurance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For VENDOR MEMBERS WITH INSURANCE ADD-ON:**

Items

Sold\*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Annual Sales\*: \_\_\_\_\_

Describe any past insurance claims\*: \_\_\_\_\_

Registered Cottage Food Producer with MN Dept. of Ag? YES or NO

Primary Market Name\*: \_\_\_\_\_

Primary Market Address\*: \_\_\_\_\_

Primary Market City\*: \_\_\_\_\_

Primary Market State\*: \_\_\_\_\_

Primary Market Zip Code\*: \_\_\_\_\_

Primary Market Website or Facebook\*: \_\_\_\_\_

Primary Market Opening Date\*: \_\_\_\_\_

Primary Market Closing Date\*: \_\_\_\_\_

Primary Market Day of the Week \*: \_\_\_\_\_

Primary Market Hours\*: \_\_\_\_\_

Please list any additional markets, locations, days & hours open:

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

List complete name & addresses of any Additional Insureds you need listed on your Certificate of Insurance:

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

**ALL MEMBERSHIP APPLICANTS**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE MAIL COMPLETED FORM TO:** Waukesha County UW-Madison Division of Extension c/o Kristin Krokowski  
515 W Moreland Blvd AC-G22 Waukesha, WI 53188

*Admin Use:*

*Payment Collected Date      Total Collected      Payment Method/Check #      Initials      Receipt Send Date*

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