



## Wisconsin Farmers Market Association

### Annual Membership Form (2026)

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 and \$40 Admin Fee **\$299.84**
- Large Market (35+ vendors annually) **\$75**
- Large Market (35+ vendors annually) WITH Insurance and \$40 Admin Fee **\$339.84**
- 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 and \$40 Admin Fee **\$364.84**
- Vendor Member: **\$25**
- Vendor Member WITH Insurance and \$40 Admin Fee (select one):
  - Food-Unprocessed: **\$ 144.78**
  - Food-Processed: **\$188.30**
  - Crafts, Food-Unprocessed/Processed: **\$246.33**
- 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\*: \_\_\_\_\_

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:** Wisconsin Farmers Market Association  
PO BOX 399  
Stevens Point WI, 54481

**Please note** it can take up to 2 weeks for us to confirm and process your insurance application once received. Once approved and processed, you will receive your Certificate of Insurance via email to the email address you provided in your application. If no email is provided, it will be sent by mail.

---

*Admin Use:*

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

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