



Wisconsin Farmers Market Association

Annual Membership Form (2026)

Additional details found on www.wifarmersmarkets.org

Select one membership type:

- ☐ Small Market (under 35 vendors annually) **\$35**
- ☐ Small Market (under 35 vendors annually) WITH Insurance **\$298.98**
- ☐ Large Market (35+ vendors annually) **\$75**
- ☐ Large Market (35+ vendors annually) WITH Insurance **\$338.98**
- ☐ 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 **\$363.98**
- ☐ Vendor Member: **\$25**
- ☐ Vendor Member WITH Insurance (select one):
 - ☐ Food-Unprocessed: **\$144.47**
 - ☐ Food-Processed: **\$187.82**
 - ☐ Crafts, Food-Unprocessed/Processed: **\$245.63**
- ☐ 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
